



IMMUNIZATION FORM

THIS FORM IS REQUIRED - STUDENT COMPLETES - DUE JULY 1 FOR FALL AND JANUARY 15 FOR SPRING

This form should be completed by a healthcare provider who is not a family member. Submit by July 1 for the fall semester and January 15 for the spring semester

Legal Name: Last First Middle Initial Date of Birth: month day year

Chosen Name(if different):

REQUIRED IMMUNIZATIONS (to be completed by a healthcare provider)

The following immunizations are required by Massachusetts Law. All dates must include month/day/year. If documentation of immunization is not available or if a blood test indicates that you are NOT immune, you must be re-immunized.

Form containing immunization requirements for TETANUS-DIPHTHERIA-PERTUSSIS, MENINGOCOCCAL, HEPATITIS B, and VARICELLA, including dosage and date fields.

STRONGLY RECOMMENDED IMMUNIZATIONS (to be completed by a healthcare provider)

Form containing immunization requirements for HEPATITIS A, PNEUMOCOCCAL VACCINE, HUMAN PAPILOMA VIRUS (HPV), and MENINGITIS B, including dosage and date fields.

HEALTHCARE PROVIDER SIGNATURE REQUIRED

NAME (PRINT): DATE:

ADDRESS:

PHONE: FAX: SIGNATURE:

IMPORTANT NOTICE: FAILURE TO COMPLY WITH THE MASSACHUSETTS IMMUNIZATION LAW WILL RESULT IN A HOLD BEING PLACED ON YOUR REGISTRATION



TUBERCULOSIS SCREENING

THIS FORM IS REQUIRED · STUDENT COMPLETES · DUE JULY 1 FOR FALL AND JANUARY 15 FOR SPRING

This form should be completed by the student AND a healthcare provider who is not a family member. Submit by July 1 for the fall semester and January 15 for the spring semester

Name: Last First Middle Initial Date of Birth

SECTION I: REQUIRED TUBERCULOSIS (TB) RISK QUESTIONNAIRE

- 1. Have you ever been treated for active TB?
2. Have you ever had a positive TB skin or blood test?
3. Have you ever been treated for latent TB?
4. Were you born in one of the countries listed on page 3?
5. Have you traveled for more than a month in a country with a high rate of TB...
6. To the best of your knowledge, have you ever had close contact with anyone sick with TB?
7. Have you even been vaccinated with BCG?

IF YOU ANSWERED "NO" TO ALL OF THE ABOVE, SKIP SECTIONS II and III

SECTION II: MEDICAL EVALUATION OF COLLEGE AND UNIVERSITY STUDENTS FOR LATENT TUBERCULOSIS INFECTION

- A. TUBERCULIN SKIN TEST\* (within 6 months prior to entrance)
B. Interferon Gamma Release Assay (IGRA)

SECTION III CHEST X-RAY AND TREATMENT

- Chest x-ray required\*\* (within 12 months if PPD or IGRA is positive)
Treatment (required for active tuberculosis, recommended for latent tuberculosis infections)

\*\*If PPD or IGRA has been positive in the past but student was not treated for active or latent TB, a chest x-ray is required within 12 months prior to enrollment.

HEALTHCARE PROVIDER SIGNATURE REQUIRED

NAME (PRINT): DATE: ADDRESS: PHONE: SIGNATURE:

REQUIRED

REQUIRED

REQUIRED IF RISKS IDENTIFIED

REQUIRED IF PPD OR IGRA IS POSITIVE

REQUIRED

**THE 30 TB HIGH-BURDEN COUNTRIES**  
**Top 20 by estimated absolute number** (*in alphabetical order*)

Angola  
Bangladesh  
Brazil  
China  
DPR Korea  
Dr Congo  
Ethiopia  
India  
Indonesia  
Kenya  
Mozambique  
Myanmar  
Nigeria  
Pakistan  
Philippines  
Russian Federation  
South Africa  
Thailand  
UR Tanzania  
VietNam

**Additional 10 by estimated incidence rate** (*in alphabetical order*)

Cambodia  
Central African Republic  
Congo  
Lesotho  
Liberia  
Namibia  
Papua New Guinea  
Sierra Leone  
Zambia  
Zimbabwe