Merrimack College Hamel Health Center
Immunization Record

Student Name:____ Date of Birth:________________

In accordance with Massachusetts state law and/or Merrimack College policy, Merrimack College requires all full-time students, all international students, and all Health Science majors regardless of credit load, to submit documentation of the following required immunizations or proof of immunity to Hamel Health Center.

Required Immunizations	
Hepatitis B - 3 Dose Series 3 doses required **OR** **Hepatitis B - 2 Dose Series (for ages 11-15 yrs. only (1.0cc)** 2 doses required **OR** Hepatitis B Titer (Serology) **Attach lab documentation of immunity**	**3-Dose Series** **Month/Day/Year** Dose 1 ________/________/________ Dose 2 (1 month after 1st Dose) ________/________/________ Dose 3 (4-6 months after 1st Dose) ________/________/________ **OR** **2-Dose Series (@ ages 11-15)** Dose 1 ________/________/________ Dose2 (4-6 months after 1st Dose) ________/________/________ **OR** **Attach lab documentation of immunity**
Tetanus-Diphtheria and Pertussis (Tdap) 1 dose of adult **Tdap Within the past 10 years**	**Month/Day/ Year** _______/_______/_________
Measles, Mumps, and Rubella (MMR) 2 doses of MMR **OR** Positive Measles, Mumps, and Rubella Titer (Serology) accepted **Attach lab documentation of Positive Titers**	**Month/Day/Year** **2-Dose Series** MMR Dose 1 _______/________/________ MMR Dose 2 (1 month after 1st Dose) _______/________/________ **OR** **Attach lab documentation of Positive Titers**
Meningococcal Meningitis (Menactra or Menveo) Quadravalent REQUIRED for all newly enrolled full-time students 21 years of age and younger administered on or after 16th birthday. ________________________________ **Meningococcal Group B Vaccine (Trumenba 2-3 dose series or Bexsero 2 dose series)** **(OPTIONAL)**	**Month/Day/Year** _______/_______/_______ _______/_______/_______ ________________________________ **Month/Day/Year** ________/_______/_______ ________/_______/_______ ________/_______/_____
Varicella (Chicken Pox) 2 doses of Varicella required **OR** History of disease documented by Health Professional (Not an acceptable form of documentation for Nursing Majors) **OR** Positive Varicella Titer (Serology) accepted	**Month/Day/Year** **2-Dose Series** Dose 1 ________/________/________ Dose2 (1 month after 1st Dose) ________/________/________ **OR** History of Varicella Disease ________/________/________ **OR** **Attach lab documentation of Positive Titers**

Pursuant to federal and state law, medical and religious exemption requests will be considered for the following immunizations: Hepatitis B; Tetanus-Diphtheria and Pertussis; Measles, Mumps, and Rubella; Meningococcal Meningitis; Varicella.

To request an exemption, please contact Hamel Health Center for the applicable form. All medical exemptions must additionally be verified with a letter from the student's medical provider as specified in the applicable medical Exemption Request Form. They are valid for one year.

In case of an exemption, the student may be excluded from the campus in the event of an outbreak of a communicable disease for which he or she has not been immunized.

Provider Printed Name:________________________________ Provider Signature:_________________________________

Address and Phone Number: ____

Upload this form once completed by your healthcare provider OR Upload a copy obtained from your healthcare provider

Updated 08/08/22