

## ***Graduate Immunizations***

Return to: Simmons College Health Center  
94 Pilgrim Road, Boston, MA 02215 Tel. 617-521-1002  
Fax: 617-521-3467

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

### **Required**

**MM/DD/YYYY**

**MMR (Measles, Mumps, Rubella) 2 doses required.**

- Dose 1 (Administered on or after first birthday) \_\_\_\_\_  
 Dose 2 (Administered at least 1 month after Dose 1) \_\_\_\_\_

**If unable to document 2 MMRs, must provide:**

- Measles serology Results \_\_\_\_\_  
 Mumps serology Results \_\_\_\_\_  
 Rubella serology Results \_\_\_\_\_

**Tetanus & Diphtheria**

- Td booster within last ten years, or \_\_\_\_\_  
 Tdap (preferred) \_\_\_\_\_

**Hepatitis B Series** #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**If two dose adolescent series check here**

**If unable to document dates, serology required**

- Hepatitis B serology Results \_\_\_\_\_ Date: \_\_\_\_\_

**Meningococcal Vaccine:** *(Required only for students living in campus housing)* Polysaccharide vaccine within the last 5 years or conjugate vaccine anytime in the past or a signed waiver.

- Vaccine Date: \_\_\_\_\_  
 Signed waiver  
 Commuter student

**PPD Optional**

- PPD Results \_\_\_\_\_  
 If positive PPD, Chest X-ray results \_\_\_\_\_  
Completed course of INH yes \_\_\_ no \_\_\_ \_\_\_\_\_

**Varicella (optional except for Health Science students)**

- History of disease \_\_\_\_\_  
 Serology results \_\_\_\_\_  
 Vaccine, 1<sup>st</sup> dose \_\_\_\_\_  
 Vaccine 2<sup>nd</sup> dose (required if dose #1 received when 13 yrs. of age or older) \_\_\_\_\_

**HPV (Gardasil) Optional:** #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**All Health Science students (nursing, physical therapy and nutrition) are required to submit the following: Hepatitis B immunizations and serology results, rubella immunization and serology results, and varicella immunization(s) and serology results.**

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Telephone Number