

**To Be Completed by Health Care Provider**

**IMMUNIZATIONS**

Return to: Simmons College Health Center: 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 (See Questionnaire on page4)**

- 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