WPI Health Services **Immunization Record**

In accordance with Massachusetts state law, WPI requires all students to submit documentation of immunity to Health Services. The health care provider must complete this immunization record OR attach a copy of the student's immunization record on office stationary.

Name: _____ Date of Birth: _____

Cell Phone: _____ Email:_____ Gender:_____

Required Immunizations

Measles, Mumps, Rubella (MMR) 2 doses MMR Dose 1 after first birthday, Dose 2 at least 1 month after Dose 1 OR MMR immune serology (titer) accepted (attach lab documentation)	**MMR** MM /DD/YYYY Dose 1 _____/ _____/ _____ Dose 2 _____/ _____/ _____ OR Lab documentation attached _____
Hepatitis B Dose 1 and 2 at least 4 weeks apart; Dose 2 and 3 at least 8 wks. apart: at least 16 weeks between doses 1 and 3. OR Hepatitis immune serology (titer) accepted (attach lab documentation)	**HEP B** MM /DD/YYYY Dose 1 _____/ _____/ _____ Dose 2 _____/ _____/ _____ Dose 3 _____/ _____/ _____ OR Lab documentation attached _____
Meningococcal vaccine Booster ≥ age 16 OR May choose to waive the vaccine. Must download and attach waiver.	MM /DD/YYYY Menomune Menactra or Dose 1 _____/ _____/ _____ Menveo Dose 2 _____/ _____/ _____ OR Waiver attached _____
Tetanus-Diptheria and Pertussis (Tdap) 1 dose within the past 10 years	**Tdap** MM /DD/YYYY _____/ _____/ _____
Varicella vaccine (Chicken Pox) 2 doses of Varicella at least 4 wks. apart after 12 months of age OR History of disease OR Varicella immune serology (titer) accepted (attach lab documentation)	**Varicella** MM /DD/YYYY Dose 1 _____/ _____/ _____ Dose 2 _____/ _____/ _____ OR Lab documentation attached _____ History of disease _____/ _____/ _____
TB test PPD Refer to TB risk questionnaire, required to submit.	**Tb** High risk _____ Low risk _____ If high risk refer to Tb questionnaire
Other recommended vaccines: **Human Papillomavirus (HPV)** 3 doses of HPV vaccine at 0,1-2,6 month schedule age 9-26 yrs. OR 2 doses before 15th birthday at 0,6-12 months **Hepatitis A** 2 doses 6 months apart age 12 months and older **Meningitis B** Trumemba 2 or 3 dose schedule Bexsero 2 doses at least 1 month apart Influenza Pneumococcal if high risk medical condition	MM /DD/YYYY **HPV** Dose 1 _____/ _____/ _____ Dose 2 _____/ _____/ _____ Dose 3 _____/ _____/ _____ **Hep A** Dose 1 _____/ _____/ _____ Dose 2 _____/ _____/ _____ **Trumenba** **Bexsero** Dose 1 _____/ _____/ _____ Dose 1 _____/ _____/ _____ Dose 2 _____/ _____/ _____ Dose 2 _____/ _____/ _____ Dose 3 _____/ _____/ _____ **Influenza** _____/ _____/ _____ **Pneumococcal** Name:_____ _____/_____/_____

Health Care Provider(print)_____ Signature _____

Address: _____ Phone # _____Fax# _____