

**TO:** All Full-Time Students (12 credits or more during a semester *including students in Cycle courses*);  
All Students on a Student Visa. Any full- or part-time student attending an institution of higher education while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation exchange program;  
All Full and Part-Time Health Science Students— Certified Nurse Assistant, Clinical Lab Science & GSCL, Complementary Health Care Degree/Certificate/Yoga, Dental Assistant Certificate, Dental Hygiene, Medical Assisting, Massage Therapy Certificate, Nursing, Phlebotomy, and Physical Therapist Assistant.

**FROM:** Ann S. McDonald, Executive Vice President

**SUBJECT:** REQUIREMENTS FOR IMMUNIZATION AND MEDICAL HISTORY

**The Laws of the Commonwealth of Massachusetts mandate that the College require certain medical documentation prior to class attendance.** Failure to comply may result in: Suspension from classes this semester, prevention from enrolling in subsequent semesters, and withholding of grades and diploma. Therefore, we ask your cooperation in adhering to the following policies as they pertain to you.

In order to complete your records, Health Services requires the following documentation  
**Before Classes Begin:**

- **2 doses Measles, Mumps Rubella** (2 MMRs) immunization or proof of immunity (*exempt if born in the U.S. before 1957 except for all Health Science students*).
- **1 dose Tetanus/Diphtheria/Pertussis** (Tdap) required of all incoming Freshman and Health Science Students, otherwise a **Tetanus/Diphtheria** (Td) booster (within 10 years).
- **3 doses Hepatitis B** vaccine or proof of immunity. *Health Science students must have 2 doses of Hepatitis B before clinical.*
- **2 doses Varicella** vaccine or proof of immunity or a reliable history verified by a physician (*exempt if born in the U.S. before 1980 except for Health Science students*)
- **Meningococcal** vaccine is required for all students at a postsecondary school that provide or license housing. (**Fitchburg Institute students**)

• **Intradermal Tuberculin Test**

**Required for:**

\* **All Full and Part-time Health Science Students** as defined above Annual;

\* Any full- or part-time student *on a STUDENT VISA or Other Visa*;

**Physical Exam & Medical History Form**

All full-time students enrolled in a degree program, and Health Science students, must complete the *Report of Medical History* and have their physician complete, sign and date the *Report of Health Evaluation* of the enclosed physical form.

**Health Records may be obtained from the following sources**

1. Your physician
2. Your high school records
3. Your baby book
4. Military records

**If the above immunizations cannot be found the following may provide re-immunization**

1. Your physician
2. Walk-in health center
3. Your local board of health

Please take prompt action to return the enclosed signed forms to:

**MWCC Health Services, 444 Green Street, Gardner, MA 01440**

*or Fax to 978-630-9528 c/o Diane King, RN, BSN*

**Prior to the first day of classes**

If you have questions or concerns, please contact the Health Services office at (978) 630-9136.

## IMMUNIZATION FORM

*Please return to: Health Services*  
mwcc.mass.edu

FAX # 978-630-9528  
C/o Diane King, R.N., B.S.N

**PERSONAL INFORMATION**

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Last Name (print)	First	Middle	Maiden Name
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Student ID or Social Security Number	D.O.B.
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Address	City	State	Zip	Telephone
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**IMMUNIZATION REQUIREMENTS FOR COLLEGE STUDENTS**

105 CMR 220.600: M.G.L. c. 76, §§ 15C

A. In order to be registered at an institution of higher learning, every (1) full-time undergraduate or graduate student and (2) every full-time or part-time undergraduate student in a health science program who is in contact with patients, and (3) every student on a student visa, including all foreign students attending or visiting classes as part of a formal academic visitation exchange program, must present a physician's certificate that such student has received the following immunizations:

1. **Two (2) doses of live Measles, Mumps, and Rubella (MMR) vaccine** given at least one month apart beginning at or after 12 months of age or a titre to prove immunity (*exempt for students born in U.S. before 1957 except for Health Science students*).
2. **One (1) dose Tetanus/Diphtheria/Pertussis (Tdap) required** of all incoming Freshman and Health Science Students, otherwise a booster dose of **Td** within the last ten years.
3. **Three (3) doses of Hepatitis B** or a titre to prove immunity. *Health Science students must have two (2) doses of Hepatitis B before clinical.*
4. **Two doses of Varicella** vaccine given at least 4 weeks apart, or a titre to prove immunity or a reliable history verified by a physician (*Exempt if born in the U.S. before 1980 except for Health Science students*).
5. **Meningococcal** vaccine is required for all students at a postsecondary school that provide or license housing. (*Fitchburg Institute students*)

B. The requirements of 105 CMR 220.600 shall not apply where:

1. The student provides written documentation that he or she meets the standards for medical or religious exemption set forth in M.G.L. c. 76, §§15C.
2. The student provides appropriate documentation, including a copy of a school immunization record, indicating receipt of the required immunizations.
3. In the case of measles, mumps, or rubella, the student presents laboratory evidence of immunity.

C. Students may be registered on the condition that the required immunizations be obtained within 30 days of registration.

**D. HEALTH RECORDS MAY BE OBTAINED FROM YOUR PHYSICIAN OR YOUR HIGH SCHOOL RECORDS.**

**IMMUNIZATION HISTORY**

Tetanus/Diphtheria/Pertussis (Tdap)	Measles, Mumps & Rubella (2 doses)	
Date:	MMR #1	MMR # 2
Hepatitis B vaccine (3 dose)      Date #1	Date #2	Date #3
Varicella vaccine (2 doses)      Date #1	Date #2	<input type="checkbox"/> Check box if person has a reliable history of chickenpox
Meningococcal vaccine ( <i>required for all Fitchburg State Institute Students only</i> ) Date:		
<p><b>REQUIRED FOR ALL HEALTH SCIENCE STUDENTS <i>Annual</i>:</b> Certified Nurse Assistant, Clinical Laboratory Science &amp; GSCL, Complementary Health Care Degree/Certificate/Yoga &amp; (Massage), Dental Assistant Certificate, Dental Hygiene, Medical Assisting, All Nursing (NU, NUE, NUP, PN), Phlebotomy, Physical Therapist Assistant <b>and EVERY STUDENT on a STUDENT VISA</b> including all foreign students.</p> <p style="text-align: center;"><b>Intradermal Tuberculin Test</b>      Date _____ Results _____</p>		

**PHYSICIAN OR NURSE'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**YOU WILL NOT BE PERMITTED TO REGISTER FOR FUTURE CLASSES UNTILL THIS DOCUMENT IS COMPLETE.**