



Office of the Registrar
 160 Herrick Road, Newton Centre, MA 02459
 617-559-8642 Phone 617-559-8825 Fax
 mjaye@hebrewcollege.edu

2018-2019 IMMUNIZATION FORM

Massachusetts state law requires **all full-time undergraduate and graduate students born after 1956** to show proof of immunization against measles, mumps, rubella and tetanus/diphtheria. In addition, proof of hepatitis B immunization (three inoculations) is now required by state law. **This immunization form must be completed and signed by a physician or health professional.** (School and military immunization records are acceptable.) Medical and religious exemptions are allowed. Medical exemptions must be signed by a health professional and submitted to Hebrew College by the student. **Immunization records must be submitted before you may attend classes.**

NEW STUDENTS

Please return this completed form or school or military immunization records by **September 1, 2018** to: Registrar's Office, Hebrew College, 160 Herrick Road, Newton Centre, MA 02459 or Fax to 617-559-8825 or email to mjaye@hebrewcollege.edu

Student ID _____ Male Female

Name: _____
 (Last, First, Middle)

Date of birth _____ Social Security Number _____
 Month/day/year

Program of Study: _____ Year of Entry: _____

MMR—2 doses are required

MMR (2 doses) _____ MMR _____
 Month/day/year Month/day/year

Varicella—2 doses are required or certify that Student had Chickenpox

Varicella (2 doses) _____ Varicella _____
 Month/day/year Month/day/year

Hepatitis B—3 doses are required

Hepatitis B (1st) _____ Hepatitis B (2nd) _____
 Month/day/year Month/day/year

Hepatitis B (3rd) _____
 Month/day/year

Tetanus/Diphtheria (TDap)—1 dose required: must be within 10 years of today's date

Tetanus/Diphtheria (TDap) 1 dose _____
 Month/day/year

Physician/Nurse Name: _____

Physician/Nurse Address: _____

Physician/Nurse Phone Number: _____

Physician/Nurse Signature: _____ Date: _____