



Office of the Registrar  
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 mjaye@hebrewcollege.edu

## 2019-2020 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, 2019** 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: \_\_\_\_\_