



Office of the Registrar  
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## 2020-2021 IMMUNIZATION FORM

Massachusetts state law requires **all full-time students under the age of 30** 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 exemptions are allowed and must be signed by a health professional and submitted to Hebrew College by the student. **Immunization records must be submitted before you may attend on-campus classes.**

### NEW STUDENTS

Please return this completed form or school or military immunization records by **September 1, 2020** to: Registrar's Office, Hebrew College, 160 Herrick Road, Newton Centre, MA 02459 or Fax to 617-559-8825 or email to [registrar@hebrewcollege.edu](mailto:registrar@hebrewcollege.edu).

**Name:** \_\_\_\_\_ **Date of birth** \_\_\_\_\_  
 (Last, First, Middle) 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 ...*  
**Varicella (2 doses)** \_\_\_\_\_  **Student had Chickenpox**  
**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:** \_\_\_\_\_