



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

2021-2022 IMMUNIZATION FORM

All matriculated students who attend classes or programs on campus are required to provide proof of immunization. Students must be immunized against hepatitis B (three inoculations), measles, mumps and rubella (individually or through the MMR vaccine), tetanus and diphtheria (TDap vaccine), and varicella. Students may submit either this Hebrew College Immunization form, signed by a healthcare provider, or an immunization record which comes directly from the healthcare provider's office.

This must be received before you begin classes.

Students who are medically exempt from vaccinations may submit a letter so stating signed by a health professional. Students who are not able to access their immunization records must review their situation with the director of their program at least 30 days before the beginning of the academic year.

Please return this completed form or another signed immunization record by **September 1, 2021** 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.

Name: _____ Date of birth _____
(Last, First, Middle) Month/day/year

Program of Study: _____ Year of Entry: _____

Hepatitis B—3 doses are required

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

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

Measles, Mumps, Rubella—2 doses are required

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

Varicella—2 doses are required **OR** ☐ **Student had Chickenpox**

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

Physician/Nurse Name: _____

Physician/Nurse Address: _____

Physician/Nurse Phone Number: _____

Physician/Nurse Signature: _____ **Date:** _____