



**Registrar, Office of Student Services**  
**1860 Washington Street, Newton, MA 02466**  
**617-559-8642 Phone 617-559-8825 Fax**  
**[registrar@hebrewcollege.edu](mailto:registrar@hebrewcollege.edu)**

### **2026-2027 IMMUNIZATION FORM**

All matriculated students who will 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 must also be fully vaccinated against COVID-19 (depending on vaccine, one or two doses plus a booster).

Students may submit either the Hebrew College Immunization form, signed by a healthcare provider, or an immunization record which comes directly from the healthcare provider's office. This form needs to be submitted only once, before new students begin their studies, **and must be received before classes begin.**

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 and may be asked to provide proof of immunity to the above diseases through blood tests.

Please complete the form on page 2.

Please return this completed form or another signed immunization record to:

**Registrar's Office**, mail to Hebrew College Registrar, 1860 Washington Street, Newton, MA 02466, email to [registrar@hebrewcollege.edu](mailto:registrar@hebrewcollege.edu), or Fax to 617-559-8825.

**New Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**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 (1st) \_\_\_\_\_ MMR (2nd) \_\_\_\_\_  
Month/day/year Month/day/year

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

Tdap \_\_\_\_\_  
Month/day/year

**Varicella—2 doses are required OR Student had chicken pox.** \_\_\_\_\_ (Month/day/year)

Varicella (1st dose) \_\_\_\_\_ Varicella (2nd dose) \_\_\_\_\_  
Month/day/year Month/day/year

**COVID-19 – 3 doses (Moderna, Pfizer) or 2 doses (Janssen, Johnson & Johnson) are required.**

COVID-19 (1st) \_\_\_\_\_  
Month/day/year Manufacturer

COVID-19 (2nd) \_\_\_\_\_  
Month/day/year Manufacturer

COVID-19 (3rd) \_\_\_\_\_  
Month/day/year Manufacturer

**Healthcare Provider Information**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_