

THE BOSTON CONSERVATORY IMMUNIZATION HISTORY FORM

In keeping with Massachusetts law, The Boston Conservatory requires that all entering full-time students are to present evidence that they are immunized against hepatitis B, measles, mumps, rubella, diphtheria, tetanus, and meningococcal. **Students must have this form completed, signed by a physician or nurse, and returned to the Counseling & Wellness Office** (Attn: Laurie Parlin, Wellness Coordinator) **at least 2 weeks prior to the start of classes.** Conservatory registration is not complete until this form is on file.

Per Massachusetts State Law, immunization requirements for college entry are as follows:

- ◆ **Hepatitis B:** 3 doses (This 3 dose series is given over a six month period. If you have not yet been vaccinated against Hepatitis B, please begin this process immediately).
- ◆ **Tetanus/diphtheria:** 1 Td booster dose *within the past 10 years*
- ◆ **Measles/Mumps/Rubella:** either 2 doses of MMR **or** 2 doses measles, 1 dose mumps, 1 dose rubella (Entering students born *prior* to 1957 are not required to show proof of immunization to measles, mumps and rubella).
- ◆ **Meningococcal vaccination:** 1 dose *within the past 5 years* for all students living in residential halls.

Name: _____

Date of Birth: _____

Please provide the dates on which the following immunizations were administered:

Immunization	Dose #1	Dose #2	Dose #3	Laboratory Proof of Immunity
Hepatitis B				
Mumps				
Measles				
Rubella				
MMR <small>(Measles, Mumps, & Rubella combined vaccination)</small>				
Meningococcal <small>(within last 5 years)</small>				
Td <small>(within last 10 years)</small>				

In lieu of the immunization history, students may submit the following documentation:

- a. a letter from a physician stating that there is a medical reason why he/she can not receive each vaccination (MEDICAL EXEMPTION)
- b. a written statement by the student (or legal guardian) that such vaccinations are against his/her sincere religious beliefs (RELIGIOUS EXEMPTION)
- c. **in the case of Hepatitis B, Measles, Mumps, or Rubella**, documented proof of immunity as established by a blood test (LABORATORY EVIDENCE OF IMMUNITY)
- d. **in the case of Meningococcal**, students (or their legal guardian) may sign the designated waiver form stating that he/she has reviewed the information provided about the dangers of meningococcal disease and elected to decline the vaccination. (WAIVER EXEMPTION).

Please note that Massachusetts law does not allow for philosophical exemptions, even if signed by a physician.

Physician or Nurse's signature: _____

Date: _____