



# Record of Immunity Form

Students enrolled more than half-time must satisfy the following MA immunization requirements:

1. Measles
  - Two doses (both after first birthday, at least one month apart) or serologic evidence of immunity
  - If MMR is given instead of individual vaccines, two doses of MMR (both after first birthday, at least one month apart) are required, or serologic evidence of immunity
2. Mumps and Rubella (if given separately from measles vaccinations)
  - One dose each after first birthday or serologic evidence of immunity
3. Tetanus/Diphtheria
  - Booster required within the last ten years
4. Hepatitis B (A one month wait is required between dose 1 and 2. A four month wait is required between dose 2 and 3).
  - Three doses or serologic evidence of immunity

**Exemptions:** Students are exempt from immunization requirements only if there is a medical contraindication or if religious belief prohibits immunization. A signed statement from a health care provider (for medical exemptions) or a signed statement indicating that the requirements conflict with the student's sincere religious belief is required.

## Record of Immunization

### Measles or MMR (circle one)

Date first live vaccine given (mm/dd/yy): \_\_\_\_\_

Date second live vaccine given (mm/dd/yy): \_\_\_\_\_  
Or

Date of positive serologic test (mm/dd/yy): \_\_\_\_\_

### Mumps

Date vaccine was given (mm/dd/yy): \_\_\_\_\_  
Or

Date of positive serologic test (mm/dd/yy): \_\_\_\_\_

### Rubella

Date vaccine was given (mm/dd/yy): \_\_\_\_\_  
Or

Date of positive serologic test (mm/dd/yy): \_\_\_\_\_

### Tetanus/Diphtheria

Date of most recent vaccine (mm/dd/yy): \_\_\_\_\_

### Hepatitis B

Date of first vaccine (mm/dd/yy): \_\_\_\_\_

Date of second vaccine (mm/dd/yy): \_\_\_\_\_

Date of third vaccine (mm/dd/yy): \_\_\_\_\_  
Or

Date of positive serologic test (mm/dd/yy): \_\_\_\_\_

## Certification

I certify that the above record of immunizations is true and accurate to the best of my knowledge.

Name of physician/nurse/school official: \_\_\_\_\_

Signature of physician/nurse/school official: \_\_\_\_\_

Signature of student: \_\_\_\_\_