

Student Name: _____ Date: _____

The following are the required immunizations/health screenings for entering LMRC. These are required for health science students by the DPH or our clinical affiliates. Each of these must be completed and approved in Castlebranch by the date identified for your entering semester. It will be July/August for the Fall semester and November for the Spring semester. Failure to complete this will result in your admission to LMRC nursing or radiography being deferred until the following semester.

MA Department of Public Health Requirements: College (Postsecondary Institutions)

Tdap	<p>1 dose; and history of a DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥ 10 years since Tdap.</p> <p>Date Received: _____</p>
Hepatitis B	<p>3 doses; laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable</p> <p>Dose 1 _____</p> <p>Dose 2 _____</p> <p>Dose 3 _____</p> <p>Or Lab Evidence (titer)- Must upload lab result report</p>
MMR	<p>2 doses; first dose must be given on or after the 1st birthday and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable. Birth in the U.S. before 1957 acceptable only for non-health science students</p> <p>Dose 1 _____</p> <p>Dose 2 _____</p> <p>Or Lab evidence (titer)- Must upload lab result report</p>
Varicella	<p>2 doses; first dose must be given on or after the 1st birthday and second dose must be given ≥ 28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable. Birth in the U.S. before 1980 acceptable only for non-health science students</p> <p>Childhood history documented _____ (MD signature)</p> <p>Or Lab Evidence (titer)-Must upload lab result report</p>
Influenza	<p>1 dose; seasonal influenza vaccine for the current flu season (July-June) must be received annually by approval date listed (Nov for Spring/ July/Aug for Fall).</p> <p>Dose Received: _____</p> <p>Must upload documentation of flu vaccine including lot number</p>
TB	<p>Two-step tuberculin skin test (TST) is required and involves two tests performed within one to four weeks of each other.</p> <p>#1 PPD Planted Date: _____ - #1 PPD Read Date: _____ (72 hours)</p> <p>Induration of PPD #1 _____</p> <p>1-4 weeks' time between PPD #1 and PPD #2</p> <p>#2 PPD Planted Date: _____ - #2 PPD Read Date: _____ (72 hours)</p> <p>Induration of PPD #2 _____</p>

* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

Healthcare Provider Name: _____

Healthcare Provider Signature: _____ Date: _____