Provider's Signature/Credentials: _

		Farda ID#
Date of Birth:	Cell Phone #:	
	Required Immunizations	
nternational students to be imm d and signed by your healthcare d all documents to the Student \	unized against certain communicable disea: provider OR provided a vaccination record Vellness Portal by July 1 for Fall Enrollment	ses. All dates must include month, day, and year. To including all of below vaccines. Once completed by the and January 1 for Spring Enrollment. If you do not comp
	Dates Given	MA State Requirements
#1#2	#3	Dose #1: any age Dose #2: 28 days after dose #1 Dose#3: least 16 weeks (112 days) between doses #1 and #3 Or2 doses of Heplisav-B given on or after 18 years of age are acceptable
☐Menactra or ☐Menveo	-	1 dose MenACWY (formerly MCV4) on or after age 16 or a Sign Waiver
Measles: #1	Or Positive Titer Date: Or Positive Titer Date:	Dose #1 must be given on or after the 1st birthday Dose #2 must be given ≥28 days after the first dose Or laboratory evidence of immunity is acceptable
Tdap:		Tdap must have been given on or after the age of 7
#1#2Or History of disease: \(\subseteq Yes \subseteq No	Or Positive Titer Date: Age: Date:	Dose #1: on or after the first birthday Dose #2: at least 28 days after dose #1 Medical record documentation signed by the provider required for a history of chickenpox or laboratory evidence of immunity is acceptable
		lard Dosing
Vaccine Manufacturer: #1 #2 Booster Manufacturer: Booster:		Accepted Vaccines: Pfizer-BioNTech/Moderna/Johnson & Johnson's Janssen/ WHO EUL Vaccine
#1#2	#3	3 doses over 6 months
#1#2		Hep A: 2 doses at least 6 months apart
#1#2	#3	Hep A & B Combined: 3 doses given on a 0, 1, and 6-month schedule
Vaccines for the current flu season	should be received annually by December 31st	Once received, upload documentation and enter the date in the UHS Portal
#1#2		2 doses. second dose at least 1 month after the first dose
#1#2	#3	2 or 3 doses. For those not at risk, 2 doses, second dose 6 mon after the first dose. Those increased risk 3 doses. Second dose 2 months after the first dose. Third dose 6 months after the first
Td:or Tdap:		An updated Td/Tdap is recommended every 10 years
Licensed Medical P	rovider (MD, DO, PA, NP, RN, MBBS) Verific Required	cation
		Date:
	Date of Birth: Date of Birth: Date of Birth: Setts and Boston College require iternational students to be immed and signed by your healthcare dill documents to the Student Ves, you will be unable to register set, you will be unable to register set. #1 #2 #2 #42 #42 #42 #42 #41 #42 #42	setts and Boston College require full-time undergraduate students, full-time ternational students to be immunized against certain communicable disea and signed by your healthcare provider OR provided a vaccination record all documents to the Student Wellness Portal by July 1 for Fall Enrollment es, you will be unable to register for the following semester's classes, and a page of the following semester's classe