



### BOSTON UNIVERSITY IMMUNIZATION REQUIREMENTS (MED CAMPUS)

Boston University requires that the following be completed PRIOR to coming to campus:

1. A booster dose of tetanus, diphtheria, acellular pertussis (Tdap) within the last 10 years.
2. Two MMR (measles, mumps and rubella) shots after 12 months of age or positive titers (blood test demonstrating immunity).
3. Three doses of hepatitis B vaccine *and* a hepatitis B surface antibody titer for students who have completed hepatitis B vaccine.
4. One dose of meningitis vaccine in the last 5 years for incoming students living in residence halls.
5. A provider certified history of having had varicella (chicken pox) or two doses of varicella live vaccine, 4-8 weeks apart or serological proof of immunity.
6. A two-step tuberculin skin test. Step 2 must be within a year after Step 1 and within 6 months of matriculation. If Positive, a chest X-ray, provider clinical evaluation, and provider documentation of discussion of TB prophylaxis.
7. Month and year of immunization must be provided. If the vaccine was given at 12 months of age, the month, day, and year are required.
8. Such statements as "received as a child," "records were lost," or "up to date" are not acceptable.
9. All immunization records must be signed by a physician or designee. **Records signed by parents are not acceptable.**

The only circumstances under which a student may be exempted from submitting proof of immunizations are as follows:

- a. Certification in writing by an examining physician who is of the opinion that the physical condition is such that health would be endangered by one or more of the immunizations.
- b. The student states in writing that the required immunizations would conflict with his/her religious beliefs.
- c. In the case of measles, mumps, rubella, and hepatitis B, the student presents laboratory evidence of immunity.

*In the event of an exposure to an infectious disease for which the student has been exempted from proof of immunization or immunity, the student may be required to leave campus during the period of time in which the student may be contagious.*



\_\_\_\_\_  
Last name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
BU ID or Social Security Number

**BOSTON UNIVERSITY IMMUNIZATION FORM (MED CAMPUS)**

The record of immunizations and screening procedures must be up to date and received at the address on the following page in order for you to matriculate at Boston University. If vaccinations are in process, provisional clearance will be granted.

Immunization	Vaccine Date mm/dd/yyyy		Date of Titer Demonstrating Immunity mm/dd/yyyy
Measles, mumps and rubella MMR no. 1			
MMR no. 2 (2 doses required to be given at 1 years old or older)or			
Measles blood titer and			
Mumps blood titer and			
Rubella blood titer			
Tetanus/Pertussis Vaccine (Tdap) Required - (Within the last 10 years)			
Hepatitis B no. 1		AND	
Hepatitis B no. 2			
Hepatitis B no.3 (Medical and dental must also provide blood titer)			
Meningococcal Vaccine (required of all students living in campus housing)			
<input type="checkbox"/> Menactra (MCV4)* or			
<input type="checkbox"/> Menimmune (MPSVA4) or			
<input type="checkbox"/> Waiver (Page 8 of this form)			
Chicken pox/Varicella Vaccine 1 and			
Varicella Vaccine 2 or			
Varicella blood titer or			
Date of Provider Verified Disease			
<b>Negative Tuberculin Skin Test</b> (If PPD+, complete PPD+ Form instead)	<b>Plant Date</b> mm/dd/yyyy	<b>Read Date</b> mm/dd/yyyy	<b>MM</b> (millimeters induration)
Most recent PPD (must be within 6 months; use 5 TU Mantoux test (intermediate PPD) only			
Second most recent PPD (must be within 12 months of most recent)			

Clinician name MD/NP/PA (please print)

Clinician signature

State license number

Date



\_\_\_\_\_  
Last name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
BU ID or Social Security Number

**POSITIVE TUBERCULOSIS SKIN TEST (MED CAMPUS)**  
(complete this form *only* if you have had a + skin test)

Please note: If you have had a positive tuberculin skin test in the past, you do not need another test. However, we do need the date and result of your positive skin test. If your skin test is positive, you must have a chest x-ray and clinical evaluation.

\_\_\_\_\_  
mm/dd/yyyy

Positive Tuberculin Skin Test:

Date Planted

Date Read (must be within 48-72 hours)

Result in mm of induration: \_\_\_\_\_ mm

**Chest X-Ray**

Date: \_\_\_/\_\_\_/\_\_\_  Normal or  Abnormal: \_\_\_\_\_  
mm/dd/yyyy (Describe)

**Clinical Evaluation**

Date: \_\_\_/\_\_\_/\_\_\_  
mm/dd/yyyy

Normal (*Absence of cough, hemoptysis, fevers, chills, sweats, weight loss*)

Abnormal: \_\_\_\_\_  
(Describe)

**Treatment**

Yes \_\_\_\_\_  
(Drug, Dose, Frequency, and Dates)

No \_\_\_\_\_  
(Please document reason prophylaxis or treatment not done)

\_\_\_\_\_  
Clinician name MD/NP/PA (please print)      Clinician signature      State license number      Date