



Immunization Record

Dear Doctor:

Your patient plans to participate in a summer program at Tufts University. Students who attend any Tufts education program are required to comply with the Massachusetts Immunization Regulations and demonstrate immunity to certain communicable diseases as follows:

**Tetanus/ Diphtheria (Td):** A booster injection of Td is required within 10 years of the initial series of the latest booster injection, whichever occurred most recently.

**Measles, Mumps, Rubella:**

**Measles:** Two injections of live measles vaccine, at least one month apart, on or after his/her birthday, and after 1968.

**Mumps:** Two injections of live mumps vaccine on or after his/her first birthday and after 1968.

**Rubella:** One injection of live rubella vaccine on or after his/her first birthday and after 1968.

Instead of immunizations, immunity to these diseases may be documented by positive serological antibody titres. History of having the disease will not be acceptable documentation of immunity.

**Hepatitis B Vaccine:** Although this is not required, it is strongly recommended.

**Meningococcal Vaccine:** Although this is not required, it is strongly recommended.

**IMMUNIZATION RECORD**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print: Last, First, Middle Initial)

Tetanus/Diphtheria (Td) (required): Initial Series: \_\_\_\_\_ Booster: \_\_\_\_\_

Immunization Dates: (Documentation of immunization against or immunity to measles, mumps, and rubella required)

	Vaccine #1 Type	Date Given	Vaccine #2 Type	Date Given
Measles:				
Mumps:				
Rubella:				

**OR**

	ANTIBODY TITRES: Dates and Actual Results
Measles:	
Mumps:	
Rubella:	

Physician's Name: \_\_\_\_\_ Tel.: \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_