

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Identification Number: \_\_\_\_\_

Academic Program: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

**Springfield College Health Center**

263 Alden Street  
 Springfield, Massachusetts 01109  
 (413) 748-3175  
 (413) 748-3444 (fax)

**IMMUNIZATION RECORD FOR  
 PART-TIME HEALTH SCIENCE STUDENTS**

**PLEASE NOTE:** Full clearance for class registration **WILL NOT** be granted until **ALL** immunization requirements have been met. Immunization Record information must be **completed and signed by a health care provider.** Shaded section is for Springfield College use only. Thank you.

REQUIRED IMMUNIZATIONS	DATE (M/D/Y)	EXEMPT MEDICAL	EXEMPT RELIGIOUS	EXEMPT WAIVER
<b>HEPATITIS B #1</b> (Three doses of vaccine OR a positive Hepatitis B surface antibody / titer meets the requirement.)				
<b>HEPATITIS B #2</b> (Students must at least BEGIN the series PRIOR to coming to campus.)				
<b>HEPATITIS B #3</b>				
<b>HEPATITIS B SURFACE ANTIBODY / TITER RESULT</b> (Circle one) Positive Negative				
<b>MEASLES #1</b> (Part of MMR. Given at age 12 – 15 months or later.) Two doses of vaccine OR a positive Measles antibody / titer meets the requirement.				
<b>MEASLES #2</b> (Part of MMR. Given at age 4 – 6 years or later and at least 1 month after the first dose.)				
<b>MEASLES ANTIBODY / TITER RESULT</b> (Circle one) Positive Negative				
<b>MUMPS</b> (Part of MMR. Given at age 12 months or later) One dose of vaccine OR a positive Mumps antibody / titer meets the requirement.				
<b>MUMPS ANTIBODY / TITER RESULT</b> (Circle one) Positive Negative				
<b>RUBELLA</b> (Part of MMR. Given at age 12 months or later.) One dose of vaccine OR a positive Rubella antibody / titer meets the requirement.				
<b>RUBELLA ANTIBODY / TITER RESULT</b> (Circle one) Positive Negative				
<b>TETANUS</b> (Booster with Td in the <b>last 10 years</b> meets the requirement.)				

**CLINICIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PRINTED NAME:** \_\_\_\_\_  
**CLINICIAN'S ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_