

IMPORTANT: Return completed form to Immunization Records Office (A-107) before the first day of classes or you may be withdrawn from the college.

To comply with state legislation (Chap. 76, Sec. 15C, General Laws of Mass.), BCC has adopted the following procedures on student immunizations:

WHO MUST RESPOND?

1. All full-time students (12 credits or more).
2. All international students.

WHAT IS REQUIRED?

1. One dose of Tdap if it has been longer than five years since the last dose of Td.
2. Two doses of MMR combination vaccine for Measles, Mumps and Rubella.
3. Three doses of Hepatitis B vaccine.
4. Two doses Varicella.
5. A recent negative Tuberculosis test (or negative chest x-ray within the last five years) for all international students upon entering BCC.
6. Meningococcal vaccine required for students under 21 years of age. This vaccine may be waived after reading the Meningococcal Information and Waiver Form provided by BCC.

WHAT PROOF IS NEEDED?

1. The form on the back of this page can be filled out and signed by a medical professional; or
2. Other documentation from your physician/doctor's office, your high school, military records, previous colleges, etc; or
3. Antibody laboratory blood test (Titer) indicating immunity for Measles, Mumps and Rubella (MMR), Varicella, and Hepatitis B must be accompanied by the laboratory report.

In the event no documentation can be obtained, you must be re-immunized against these diseases. Contact your personal physician or community health services agency.

Berkshire Community College is an affirmative action/equal opportunity institution and does not discriminate on basis of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, or national origin in its education programs or employment.

(Please turn over)

IMMUNIZATION HISTORY REQUIREMENT FORM REQUIRED FOR ALL STUDENTS WHO ARE FULL-TIME OR ARE INTERNATIONAL

Name _____
Please print: Last First Middle Initial

BCC ID# _____ Date of Birth ____ / ____ / ____

Home Address _____
Street

City State Zip

Email Address _____

Please mail or fax completed form to: SBA Room A107, Student Engagement Center, 1350 West Street, Pittsfield, MA 01201. Telephone: 413-236-1601 or Fax 413-236-3098.

<p>TDAP VACCINE Tetanus/Diphtheria/Pertussis</p> <p>____ / ____ / ____ mm dd yy</p> <p>or Td Tetanus Diphtheria given within the last five (5) years</p> <p>____ / ____ / ____ mm dd yy</p>	<p>MMR #1</p> <p>____ / ____ / ____ mm dd yy</p> <p>MMR #2</p> <p>____ / ____ / ____ mm dd yy</p>	<p>TITER PROOF**</p> <p>Measles</p> <p>____ / ____ / ____ mm dd yy</p> <p>Mumps</p> <p>____ / ____ / ____ mm dd yy</p> <p>Rubella</p> <p>____ / ____ / ____ mm dd yy</p>
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HEPATITIS B				
#1	#2	#3	Booster	Titer**
____ / ____ / ____ mm dd yy	____ / ____ / ____ mm dd yy	____ / ____ / ____ mm dd yy	____ / ____ / ____ mm dd yy	____ / ____ / ____ mm dd yy

VARICELLA (CHICKEN POX)			
Medical Proof of Disease	Vaccine #1	Vaccine #2	Titer Immune**
____ / ____ / ____ mm dd yy	____ / ____ / ____ mm dd yy	____ / ____ / ____ mm dd yy	____ / ____ / ____ mm dd yy

****ANTIBODY LABORATORY BLOOD TESTS (TITER) MUST INCLUDE LABORATORY REPORT PROOF OF IMMUNITY.**

MENINGOCOCCAL VACCINE (MenACWY)
<small>For full-time students 21 years and younger, given at or after the student's 16th birthday</small>
____ / ____ / ____ mm dd yy

Students can decline the MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form sent with their acceptance letter, or available at the Immunization Records Office.

TUBERCULOSIS TEST*		
Date Planted	Date Read	Chest X-Ray Date (If test is positive)
____ / ____ / ____ mm dd yy	____ / ____ / ____ mm dd yy	____ / ____ / ____
Result _____	Result _____	
If positive, treatment schedule _____		

***REQUIRED FOR ALL INTERNATIONAL STUDENTS.**

Medical Professional's Signature _____ Date _____

Medical Professional's Printed Name and Address _____