



SUMMARY

As required by Commonwealth of Massachusetts legislation, all students must present evidence of immunization against measles, mumps, rubella, tetanus/diphtheria and Hepatitis B. It is essential that you return the form on the back of this notice, completed and signed by a physician or nurse. Please note that infection with measles, mumps, rubella, or Hepatitis B is not acceptable as evidence of immunity. The criteria for meeting the requirements of proving immunity follow each of the diseases listed on the Pre-Registration Certification of Immunization form. It is imperative that the month and year of each vaccination be provided. A positive serology showing which antibodies are present may be substituted for vaccination in the cases of measles, mumps, rubella, varicella or Hepatitis B. Please note that your tetanus/diphtheria/pertussis (Tdap) shot must have occurred within the last ten years. To prove a positive serology, you are required to submit a copy of the laboratory result(s) providing the appropriate immunity values.

It is the policy of the BAC that students **will not be permitted to enroll in classes until this form has been completed and received.** We encourage all students to maintain a photocopy of the completed form for personal reference.

CONDITIONS

The only circumstances under which you may be exempted from the Massachusetts College Immunization Laws are as follows:

1. You have certification, in writing, by a physician who has personally examined you and is of the opinion that your physical condition is such that your health would be endangered by one or more of the required immunizations. The statement should include both the reason and requested length of exemption.
2. You state in writing that such immunizations would conflict with your religious beliefs. A supportive statement from a cleric must supplement your request.

PLEASE UNDERSTAND THAT IF A DISEASE OUTBREAK SHOULD OCCUR, YOU WILL BE PROHIBITED FROM REGISTERING AND/OR ATTENDING CLASSES UNTIL YOU CAN PROVIDE PROOF OF IMMUNITY AGAINST THE DISEASE(S).

COMPLETION

Please complete the Pre-Registration Certification of Immunization form, on the back of this notice, and send via mail, email, or fax to the address or number provided. If you have any questions, please feel free to call the **Admission Office toll free at 617.585.0123.**

Mail to:

**Boston Architectural College
Office of Admissions
320 Newbury Street, Boston, MA 02115**

Email to:

admissions@the-bac.edu

Or fax to:

617.585.0121

GENERAL INFO

Student Name:

Date of Birth:

Social Security Number:

Semester of Enrollment:

Massachusetts is strict about having complete data. Therefore, you must:

1. Present a form that is signed and dated by a physician or nurse;
2. Provide the month and year for all vaccines or
3. Submit a copy of the laboratory result(s) providing the appropriate immunity values to prove positive serology for measles, mumps, rubella, varicella and Hepatitis B.

IMMUNIZATION	# OF DOSES	MO./YR. OF DOSES			MO./YR. POS. SEROLOGY
Meningococcal Vaccine For students 21 years of age or younger, one dose of MenACWY vaccine administered on or after 16th birthday,					
Live Measles Vaccine Two doses must have been given at least 30 days apart beginning on or after 12 months of age and the first dose must have been given after 1968.		Ist Dose	2nd Dose		
Mumps At least one dose must have been given on or after twelve months of age.		Ist Dose	2nd Dose		
Rubella At least one dose must have been given on or after twelve months of age.		Ist Dose	2nd Dose		
Tetanus/diphtheria/Pertussis (Tdap) A booster dose must have been given within the last ten years.					
Varicella Two doses must have been given on or after twelve months of age or serologic proof of immunity or history of chicken-pox		Ist Dose	2nd Dose		Pos. Serology or Date of Chickenpox
Hepatitis B Three doses are required		Date #1	Date #2	Date #3	

NOTE: Infection with measles, mumps, rubella, or Hepatitis B is not acceptable as evidence of immunity. Students seeking religious or health exemptions must submit a signed statement from a cleric or health care provider citing the reason and proposed length of exemption.

Physician or Nurse's Name (Please Print):

Physician or Nurse's Signature:

Date: