**TO:** **All Full-Time Students** (*12 credits or more during a semester including students in Cycle courses*);

**All Students** **on a Student Visa**, Any full- or part-time student attending an institution of higher education while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation exchange program;

**All Full and Part-Time Health Science Students, who are in contact with patients**— All Nursing (NU,NUE,NUP,PN), Certified Nurse Assistant, Medical Laboratory Technology, Dental Assistant Certificate, Dental Hygiene, Medical Assisting Degree, Medical Office Certificate, Medical Assisting Certificate, Substance Abuse Counseling Certificate, Paramedic Technology Certificate, Community Health Worker, Phlebotomy, Physical Therapist Assistant and EKG.

**FROM:** Jason Zelesky, Dean of Students

**SUBJECT:** REQUIREMENTS FOR IMMUNIZATION AND MEDICAL HISTORY

**The Laws of the Commonwealth of Massachusetts mandate that the College require certain medical documentation prior to class attendance.** Failure to comply may result in: Prevention from enrolling in subsequent semesters, and withholding of grades and diploma. Therefore, we ask your cooperation in adhering to the following policies as they pertain to you.

In order to complete your records, Health Services requires the following documentation

**Before Classes Begin**:

• **Annual Tuberculosis Testing**

Required for:

\* All Full and Part-time Health Science Students as defined above;

\* All full- or part-time student *on a STUDENT VISA or Other Visa;*

1. **2 doses** **Measles, Mumps Rubella** (2 MMRs) immunization or proof of immunity (please attach lab reports). *Exempt if born in the U.S. before 1957* ***except*** *for all* ***Health Science*** *students*.
2. **1 dose Tdap once, then Td booster every 10 years.**
3. **3 doses** **Hepatitis B** vaccine or proof of immunity (please attach lab report). ***Health Science*** *students must submit a positive Hepatitis B titer* ***in*** *addition to vaccine record.*
4. **2 doses** **Varicella** vaccine or proof of immunity (please attach lab report) required for all **Health Science** **students**. Non- Health Science students can provide a reliable history verified by a physician *(exempt if born in the U.S. before 1980).*
5. **Meningococcal** vaccine **(required for all full-time student’s ages 16-21)**
6. **Annual Influenza vaccine** *required for* ***all Health Science students.***

**Physical Exam & Medical History Form**

Health Science and International students on a student or other VISA must complete the enclosed physical form.

**Health Records may be obtained from the following sources**

1. Your physician 3. Your baby book
2. Your high school records 4. Military records

**If the above immunizations cannot be found the following may provide re-immunization**

1. Your physician
2. Walk-in health center and pharmacy

Please take prompt action to return the enclosed signed form to:

**MWCC Health Services, 444 Green Street, Gardner, MA 01440**

*or Fax to 978-630-9528 c/o Health Services*

**Prior to the first day of classes**

**If you have questions or concerns, please contact the Health Services office at (978) 630-9136.**