

**PHYSICAL AND IMMUNIZATION FORM**



FAX #978-630-9540  
Student Services

Massachusetts General Law 105 CMR 220.600 requires ALL FULL-TIME STUDENTS (12 CREDITS OR MORE) to provide the following record of immunizations. Health Science/International students require additional immunizations. Completed forms are necessary to demonstrate compliance with the law.

Last Name	First Name	Middle	Student ID #
Street Address	City	State	Zip Code
Home Phone	Cell Phone	Emergency Contact/Next of Kin Name/Phone Number	

**REQUIRED IMMUNIZATIONS: (Full-time students, all Health Science Students and all International Students)**

MMR: #1 \_\_\_\_\_ #2 \_\_\_\_\_ or Positive Titer (Please attach lab results)

Varicella: #1 \_\_\_\_\_ #2 \_\_\_\_\_ or Positive Titer or Reliable History of Chickenpox (if non-Health Science student only)

Hepatitis B: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ or 2 doses of Heplisav-B given on or after turning 18 years old or Positive Titer\* (Please attach lab results)

**\*(positive Hep B Surface Antibody Titer showing immunity is required of all Health Science Students)**

TDAP: #1 \_\_\_\_\_ (within 10 years)

Meningococcal (MenACWY): #1 \_\_\_\_\_ (students ages 16-21)\*See Below

Influenza: #1 \_\_\_\_\_ (annually Health Science Students)

Tuberculosis Testing **(Annually for Health Science and International Students)** (Please attach lab results)

TB Spot/Quantiferon Gold (Date/Result) #1 \_\_\_\_\_ or 2 step PPD (Date/Result 2 weeks apart): #1 \_\_\_\_\_ #2 \_\_\_\_\_

**REPORT OF HEALTH EVALUATION: (All Health Science and International Students every two years)**

Are there any abnormalities of the following systems? Describe fully. Include Pertinent Medical History.

BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_

	Yes	No
Head, Ears, Nose or Throat		
Respiratory		
Cardiovascular		
Gastrointestinal		
Hernia		
Eyes		
Genitourinary		
Musculoskeletal		
Metabolic/Endocrine		
Neuropsychiatric		
Skin		

Is there loss or seriously impaired function of any organ? Yes  No

Have you any general comments?

Is the Student physically able to participate in all physical activities, sports and Fitness and Wellness?

Unlimited  Limited  Explain: \_\_\_\_\_ Date of most recent Physical \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

\*Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement.