New England College of Optometry

Student Immunization Policy

Massachusetts State Law and New England College of Optometry's policy require students to document immunizations in English for the diseases listed below.

Please complete and return this form to the Student Services Office at the above address or by faxing to 617. 587.5559.

Last Name_____ First Name_____ Middle_____

Date of Birth _____ Permanent Address _____

City State Zip Code

Phone Number _____ E-mail Address _____

The Commonwealth of Massachusetts under the College Immunization Law requires all students in the health sciences to provide the College with proof of immunity against measles, mumps, rubella, tetanus, diphtheria, acellular pertussis, the hepatitis B (3-dose series) and varicella.

The College also requires a yearly Mantoux test for tuberculosis. ***A positive Mantoux test will require a report showing a negative chest X-ray. An annual report from a physician is required to prove that you continue to be disease-free***. You may be required to have additional immunizations or TB testing at clinical placements throughout the duration of your enrollment. The clinical affiliations that the College has with various hospitals, health centers, and Veteran Administration Hospitals require these immunizations and tests prior to any clinical activity. **Since clinical responsibilities begin early in the first semester of the first year, these immunizations and TB tests are required prior to your arrival at the College.**

Additionally NECO requires:

CPR certification: ***A mandatory CPR course will be given to all students within the first 2 weeks of class.*** Questions regarding CPR may be directed to Tracy Kelley in the Clinical Education Office at 617-587-5656 or kelleyt@neco.edu.

Acceptable documents consist of one of the following:

- Completion of the NECO student immunization form with signature of physician or registered nurse.
- Physician's statement showing the month, day and year during which the vaccinations were administered, or specific antibody titer determined.
- Copy of a dated and signed immunization record from high school or another post-secondary institution.

Exemptions from Immunizations

Exemptions from immunizations for clinical requirements can be made **only** for certain medical conditions, such as health circumstances which contraindicate immunization, pregnancy, or participation in a current sequence of immunizations. A written statement from a physician is necessary in **all** health circumstances.

Review the Student Immunization form before contacting your Health Care Provider and make sure that the instructions on the form are followed. **You will not be allowed to participate in required clinical assignments and your registration will be considered conditional until all immunization requirements have been fulfilled.**

Deadline for submission

This form with any attached documentation must be returned before the following dates:

Four Year Doctor of Optometry Program **Friday, July 14, 2017**

- ***As an optometry student, you may be required to obtain additional immunizations and/or testing as required by individual external clinical sites.***

If you have any questions about this form, please call Deborah Picard at 617.587.5621 or email picardd@neco.edu.

New England College of Optometry

Last Name **First Name** **Expected Year of Graduation**

Required Immunizations

	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
Tetanus/Diphtheria/ Acellular Pertussis (Adult Tdap only, given within the last 10 years): Booster every **ten years** is required.	**Adacel/Tdap only** Tdap: ____/____/____		
Measles, Mumps, Rubella (MMR): MMR Vaccine is given to provide protection against Measles, Mumps, and Rubella. (2 MMR vaccines; first MMR must be given after January 1, 1966 within Massachusetts and after January 1, 1968 outside Massachusetts). Titer reports proving immunity to all 3 diseases is also acceptable.	#1 Immunization at 12 months of age or later ____/____/____	#2 Immunization at least 30 days after first dose ____/____/____	**OR** Titer results (date and result): Measles: Mumps: Rubella:
Hepatitis B: Three dose series of Hepatitis B following Center for Disease Control (CDC) minimum schedule guidelines: **first dose** at 0, **second dose** at least 1 month after first, **third dose** at least 4 months after first dose **and** 2 months after the second. Titer report proving immunity to Hepatitis B is also acceptable.	#1 ____/____/____	#2 ____/____/____ (1-2 months after Dose 1; **minimum** 28 days after Dose 1)	#3 ____/____/____ (4-6 months after Dose 1; minimum 4 months after Dose #1 **and** 2 months after Dose 2) **OR** Titer results (date and result):
Varicella: Two separate doses **or** positive titer. Students who have had Chicken Pox **must** have titer to prove immunity.	#1 ____/____/____	#2 ____/____/____	**OR** Titer Results (date and result):
(PPD1) Tuberculin Skin Test • (Mantoux only): Prior to start **(no earlier than June 1)** of the first semester at NECO and **annually** thereafter. • Must be administered and read by registered nurse or physician within **48-72 hours**. • If you have previously tested positive on a TB skin test you must complete an annual symptom checklist, or documentation that you have either completed the treatment program or have a physician's report stating that you are disease-free. • Symptom checklists are available if your doctor needs one.	Date Given: ____/____/____ ***No earlier than June 1*** **MANTOUX ONLY**	Date Read (48-72 hours after implant): ____/____/____	Results: _____ mm duration

Chest X-Ray (if applicable):
Date of Chest X-Ray: month/ day/ year: ____/___/____ Results:

To be completed by Physician, Registered Nurse, or Clinic:

Clinical Stamp

Printed name

Signature

Office Address

Date