

Student Immunization Policy

The Commonwealth of Massachusetts, under the College Immunization Law, requires all students in the health sciences provide proof of immunity against:

- Measles
- Mumps
- Rubella
- Tetanus
- Diphtheria,
- Acellular pertussis
- Hepatitis B (3-dose series)
- Varicella
- Certain students are also required to submit documentation of the quadrivalent meningitis vaccine.

NECO also requires

- COVID-19 vaccine
- 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. Students who had the BCG vaccination as a child may have Quantiferon Gold blood test in place of the Mantoux test.*
- **CPR certification:** A mandatory CPR course will be given to all students within the first two weeks of class, regardless of prior certification. Questions regarding CPR may be directed to Tracy Kelley in the Clinical Education Office at 617-587-5656 or kelleyt@neco.edu.

You may be required to have additional immunizations or 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 before any clinical activity. **Since clinical responsibilities begin early in the first semester of the first year, these immunizations and TB tests are required before you arrive at the College.**

Acceptable immunization documents consist of one of the following:

- Completion of the NECO student immunization form with the signature of a 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.
- Copy of your COVID-19 Vaccination Record card that shows what COVID-19 vaccine you received, the date you received it, and where you received it.

Exemptions from Immunizations

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

Instructions for submission

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.

- Please submit this completed form via **Med+Proctor.**
- You will receive login information by email to upload this form into the Med+Proctor system. The form must be completed in English.
- This form with any attached documentation must be returned before the following dates:
 - ASIP, AODP, MS/OD China, PhD/OD China Programs: **Friday, April 8, 2022**
 - Four-Year Doctor of Optometry Program, MS in Vision Science: **Friday, July 22, 2022**

If you have any questions about this form, please email CAPA@neco.edu.

Last Name _____ First Name _____ Date of Birth _____

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 <u>ten years</u> is required.	<u>Adacel/Tdap only</u> 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 OR Titer results (date and result): ____ / ____ / ____ (4-6 months after Dose 1; minimum 4 months after Dose 1 and 2 months after Dose 2)
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 <ul style="list-style-type: none"> (Mantoux only): No earlier than three months prior to the start of your 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: ____ / ____ / ____ * To be given no earlier than June 1 for immunizations due in August* **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: _____

Meningitis: All incoming students who are 21 years of age and UNDER are required by MA state law to have had one dose of the <u>quadrivalent meningococcal vaccine (MenACWY)</u> on or after their 16 th birthday. This Meningitis requirement can be waived by contacting the Office of Student Services and filling out a waiver form.	MenACWY only Date given: ____ / ____ / ____ 21 years of age and under only.	To be completed by MD, RN, or Clinic: Clinical Stamp: Date _____ Name _____ Signature _____ Office Address _____