

## 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
- Varicella
- Meningitis (MenACWY vaccine required for certain students only)

### NECO also requires

- COVID-19 vaccine
- Annual TB test. *\*A positive Mantoux skin test will require an initial report showing a negative chest X-ray. A new annual report thereafter 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](mailto: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**.

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### 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 which COVID-19 vaccine you received, the date you received it, and where you received it.
- \* **Serologic proof (lab reports) must be attached** when antibody titers have been indicated.

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### 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.

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### 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 5, 2024**
  - Four-Year Doctor of Optometry Program, MS in Vision Science: **Friday, July 19, 2024**

If you have any questions about this form, please email [capa@neco.edu](mailto:capa@neco.edu).

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Required Immunizations			
	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
<b>Tetanus/Diphtheria/Acellular Pertussis (Adult Tdap only, given within the last 10 years):</b> Booster every <u>ten years</u> is required.	<u>Adacel/Tdap only</u> Tdap: ____/____/____	Subsequent booster (if applicable): ____/____/____	
<b>Measles, Mumps, Rubella (MMR):</b> 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; lab reports required.	#1 Immunization at 12 months of age or later ____/____/____	#2 Immunization at least 30 days after first dose ____/____/____	<b>OR</b> Titer results (date and result, with lab report attached): Measles: Mumps: Rubella:
<b>Hepatitis B:</b> Three dose series of Hepatitis B following Center for Disease Control (CDC) mini- mum schedule guidelines: <b>first dose</b> at 0, <b>second dose</b> at least 1 month after first, <b>third dose</b> at least 4 months after first dose and 2 months after the second. Lab report proving immunity to Hepatitis B is acceptable. <b>2- dose Heplisav-B acceptable with documentation showing vaccine name.</b>	#1 ____/____/____	#2 ____/____/____ (1-2 months after Dose 1; minimum 28 days after Dose 1)	<b>OR</b> Titer results (date and result, with lab report attached): #3 ____/____/____ (4-6 months after Dose 1; minimum 4 months after Dose #1 and 2 months after Dose 2)
<b>Varicella:</b> Two separate doses <b>or</b> positive titer. <b>Students who have had Chicken Pox must have titer to prove immunity.</b> Lab report showing results must be attached.	#1 ____/____/____	#2 ____/____/____	<b>OR</b> Titer Results (date and result, with lab report attached):
<b>(PPD1) Tuberculin Skin Test:</b> <ul style="list-style-type: none"> <li>No earlier than three months prior to the start of your first semester at NECO and <b>annually</b> thereafter.</li> <li>Must be administered and read by registered nurse or physician within <b>48-72 hours</b>.</li> <li><b>If you have previously tested positive</b> on a TB skin test you must either have the Quantiferon Gold test, T-Spot test, new xray, new documentation that you have completed a treatment program, or have a new physician's report or symptom checklist stating that you are disease-free.</li> <li>Symptom checklists are available if your doctor needs one.</li> </ul>	Date Given: ____/____/____ No earlier than June 1, 2024 for 4-year OD program or February 1, 2024 for ASIP, AODP, MS/OD China programs. Results: _____ mm duration	Date Read (48-72 hours after implant): ____/____/____	<b>COVID-19:</b> (Primary series required) Dose #1 (required): ____/____/____ Dose #2 (required): ____/____/____ Dose #3: ____/____/____ Dose #4: ____/____/____

**Chest X-Ray (if applicable):**  
 Date of Chest X-Ray: month/ day/ year: \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: \_\_\_\_\_

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