NECO | New England College of Optometry
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Student Immunization Policy and Documentation

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

- Hepatitis B
- Meningitis (MenACWY is only required for students 21 and younger at the start of their first semester)
- Measles, Mumps, Rubella (MMR)
- Tetanus, Diphtheria, Acellular Pertussis (Tdap)
- Varicella

NECO also requires:

- COVID-19 primary vaccine(s)
- Annual TB test (skin or blood)
  - The initial test must not occur before **February 1, 2026,** for students in the AODP, ASIP, and MS/OD China programs and no sooner than **June 1, 2026,** for the 4-year OD program.
  - TB tests are valid for 1 year so students are required to take another TB skin or blood test every single school year.

Additional Requirements:

- Since clinical responsibilities begin early in the first semester of the first year, all mandatory vaccines are required to be completed before you arrive at NECO.
- 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 sites require these immunizations and test before any clinical activity.

Exemptions:

- Exemptions for COVID-19 immunization(s) can be made only for certain medical conditions or religious beliefs. A written statement from a physician is necessary for all health circumstances.
- For questions regarding additional medical and religious exemptions, please email **capa@neco.edu.**

Instructions for submission:

- Review the Student Immunization form before contacting your Healthcare Provider and make sure that the instructions on the form are followed. The form must be completed in English.
- Please submit this completed form via Med+Proctor- https://www.medproctor.com
- You will receive login information to upload this form into the Med+Proctor system about 3-4 weeks prior to the due date.
- This form with any attached documentation (i.e., lab reports) must be submitted before the following dates:
  - ASIP, AODP, MS/OD China, PhD/OD China Programs: **Friday, April 3, 2026**
  - Four-Year Doctor of Optometry Program, MS in Vision Science: **Friday, July 24, 2026**

You must complete all mandatory vaccines before arriving at NECO. If you have any questions about this form, please email **capa@neco.edu**.

Documentation of Immunizations

Last Name: _____ First Name: _____ Date of Birth _____(mm/dd/yyyy)

Required Vaccines	Record of Vaccination(s) or Immunity	Additional Guidance
Hepatitis B • Series of 3 immunizations **or** • Heplisav-B 2 dose (not available in Canada **or** • Antibody blood titer- with attached lab report	**Vaccine Name:** _____ #1 _____#2_____ #3_____ (mm/dd/yyyy) Or Antibody Titer HBsAB Date:_____ + lab report must be attached if titer was taken	Dose #1 & #2: at least 4 weeks apart Dose #2: and #3: at least 8 weeks apart Dose #1 & #3: at least 4-6 months apart **Important:** Students who need a full Hep B series must receive the **Heplisav-B 2-dose series** if a 3-dose series can not be completed by the **April** or **July** due date
Meningococcal ACWY • Required for students 21 years of age and younger. • A signed waiver is also accepted for students 21 and younger at the start of their first semester.	#1 _____(mm/dd/yyyy) or Attach signed MenACWY waiver- email CAPA@neco.edu for form	MenACWY (only Men vaccine accepted) • MenACWY must have been given on or after their 16th birthday • Students 22 and older at the start of their first semester can leave the MenACWY section blank.
MMR (Measles, Mumps & Rubella) or • Two MMR vaccines or • Individual vaccines or • Antibody blood titers o attach lab report(s)	**MMR:** #1 _____#2_____ (mm/dd/yyyy) **Measles:** #1 _____#2_____ **Mumps:** #1 _____#2_____ **Rubella:** #1 _____#2_____ **Blood Titer Date for Measles, Mumps, and Rubella**_____ +Lab report for titers must be attached if titer(s) were taken	• Dose #1 of MMR must be given on or after the 1st birthday • Dose #2 of MMR must be given ≥28 days after the first dose
Tdap (Tetanus, Diphtheria, Pertussis)	**Tdap/Td:** _____ (mm/dd/yyyy)	• Tdap must have been given within the past 10 years. • Td vaccine is acceptable only if evidence of previous Tdap vaccine is submitted
Varicella • 2 doses or • Antibody blood titer- attach lab report	#1_____#2_____(mm/dd/yyyy) **or** Titer Date: _____ +Lab report must be attached if titer was taken	• Dose #1: on or after the first birthday • Dose #2: at least 28 days after dose #1
COVID – 19 • 2 primary doses or • 1 bivalent vaccine (2023) or • 1 2024-2025 COVID-19 vaccine	Manufacturer:_____ #1_____#2_____(mm/dd/yyyy) Booster(s): _____(not required)	• Primary series (2 doses) are required • Also accepted o 1 bivalent (2023) COVID-19 vaccine o 1 2024-2025 COVID-19 vaccine
Tuberculin Test: • Skin or Blood Test • **Exception:** If you have been treated for ***Tuberculosis*** you must submit a chest x-ray report instead of a skin or blood test. • If you have ***latent TB,*** submit a past blood test and recent chest x-ray	**Skin Test:** Date Given:_____Date read::_____ (mm/dd/yyyy) (48-72 hours after implant) Results: _____ mm duration **Blood Test:** Date Given:_____Results:_____ **Chest X-ray**: Date Given:_____ + lab report must be attached for blood tests and chest x-rays	• Tests may not be taken before ***February 1, 2026***, for the AODP, ASIP, or MS/OD China program. • Tests may not be taken before **June 1, 2026**, for the 4 year OD program • **Accepted tests**: Skin (PPD/ Mantoux) or Blood (IGRAs) • If you received the **BCG vaccine** or tested positive on a TB skin test, **you must submit a TB blood test**

Required: Licensed Medical Provider (MD, DO, PA, NP, RN, MBBS) Verification

Provider's Printed Name _____ Date: _____(mm/dd/yyyy)

Address (including City & State): _____Phone #: _____

Provider's Signature/Credentials: _____