



Documentation of Immunizations

Print Last Name: _____ Print First Name: _____ Eagle ID#: _____

Date of Birth: _____ Cell Phone #: _____

Required Immunizations

The Commonwealth of Massachusetts and Boston College require full-time undergraduate students, full-time graduate students 30 years old and under, part-time health science students, and all international students to be immunized against certain communicable diseases. All dates must include month, day, and year. To comply, have this form completed and signed by your healthcare provider OR provided a vaccination record including all of below vaccines. Once completed by the provider, the student must upload all documents to the Student Wellness Portal by July 1 for Fall Enrollment and January 1 for Spring Enrollment. If you do not comply by 30 days after the start of classes, you will be unable to register for the following semester's classes, and a \$100 non-refundable late fee will be applied to your student account.

Table with 3 columns: Required Vaccines, Dates Given, and MA State Requirements. Rows include Hepatitis B, Meningococcal Quadrivalent, MMR (Measles, Mumps & Rubella), Tdap (Tetanus, Diphtheria, Pertussis), Varicella Vaccination, COVID-19 Vaccine & Booster, Gardasil (HPV) Human Papillomavirus, Hepatitis A, Hepatitis A & B Combined, Influenza, Meningococcal Group B MenB-4C (Bexsero), Meningococcal Group B MenB-FHbp (Trumenba) if your received Penbraya, and Td/Tdap (Tetanus, Diphtheria, Pertussis).

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

Required

Provider's Printed Name _____ Date: _____

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

Provider's Signature/Credentials: _____