

METROWEST HEALTHCARE ACADEMY

CERTIFICATE OF IMMUNIZATIONS

The Commonwealth of Massachusetts and Metrowest Healthcare Academy require all Medical Assisting and Medical Administration students to be immunized against certain communicable diseases. To comply, please have this form completed by your healthcare provider and submit to your Admissions counselor *prior to* starting classes.

Student Name: _____

Date of Birth: _____

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| <p>1. Measles-Mumps-Rubella (MMR)</p> <p>If administered separately:</p> <p style="margin-left: 20px;">a. Measles (Rubeola)</p> <p style="margin-left: 20px;">b. German Measles (Rubella)</p> <p style="margin-left: 20px;">c. Mumps</p> <p>2. Tetanus/Diphtheria/Pertussis Tdap</p> <p>3. Hepatitis B series</p> <p>4. TB skin test:</p> | <p>TWO immunizations on or after 1st birthday at least 30 days apart</p> <p>TWO live immunizations as described above</p> <p>TWO immunizations as described above</p> <p>TWO immunizations as described above</p> <p>One dose of Tdap after 1/1/2005</p> <p>#1</p> <p>[] Positive
[] Negative</p> | <p>FIRST MMR:</p> <p>DATE:</p> <p>FIRST:</p> <p>DATE:</p> <p>DATE:</p> <p>#2</p> <p>DATE:</p> <p>Record type and date:</p> | <p>SECOND MMR:</p> <p>DATE:</p> <p>SECOND:</p> <p>DATE:</p> <p>#3</p> <p>DATE:</p> <p>If positive, result of chest xray:</p> |
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*Metrowest Healthcare Academy, although does not require, strongly recommends the Flu Vaccination to be maintained yearly.

X

Signature of Healthcare Provider

The only circumstances under which a student may be exempt from immunizations are as follows:

- Certification in writing by examining healthcare provider who is of the opinion that the student's physical condition is such that his/her health would be endangered by one or more immunizations. The student will be required to submit laboratory evidence.
- The student states, in writing, that the required immunizations would conflict with his/her religious beliefs; it is recommended that he/she submit record of immunity