

Immunization Requirements

Please read these policies carefully. All students are responsible for this information.

Unless we receive the necessary documentation verifying your immunizations, you will not be allowed to register for classes.

Gordon-Conwell students are required to be in compliance with the Massachusetts College Immunization Law of 1985. In order to attend classes, all student (regardless of age) enrolled for course credit must present written documentation from a medical professional proving that they have been properly immunized according to the following state standards:

MMR and MMR Booster

- Students must receive one dose of the Measles-Mumps-Rubella vaccine (MMR) *and* a second dose/booster of the MMR (*or* just a second dose of a *Measles*-containing vaccine).
- You must turn in *two separate dates* that are at least one month apart. It is NOT sufficient for your physician to simply state that a *second* dose of MMR was given on a certain date without also listing the first date; *two separate dates* must be documented.

Hepatitis B

- Students must receive a combination of three doses of the Hepatitis B immunization. There must be at least one month between the first and second doses of hepatitis B, and the third dose must be administered at least 4 months after the first dose and at least 2 months after the second dose.
- You must turn in *three separate dates*. It is NOT sufficient for your physician to simply state that a *third* dose of Hepatitis B was given on a certain date without also listing the first and second dates; *three separate dates* must be documented.

Meningococcal

- Students must be immunized against meningococcal disease *or* must read and complete the *Official Decline of Meningococcal Vaccine* form available through the Registration Office, which includes important information regarding meningococcal disease.

Tetanus

- Students must receive any combination of three or more doses of DTP, Dt, Td or T, with the last dose being administered *within the last ten years*.
- If not previously immunized, three doses are required. The time interval between the first and second dose is two months, the third dose being a year later.

Exceptions

Required immunizations can be waived only if the Registration Office has the following written verification on file:

- Laboratory evidence (e.g., titers) of immunity to Measles, Mumps, Rubella, and Hepatitis B
- Medical verification, signed by a physician, that you are not immunized due to health reasons
- Personal letter, with your signature, stating that you are pregnant or trying to become pregnant (valid for one year)
- Personal letter, with your signature, explaining that you are not immunized due to religious reasons

Immunization Form

Please complete this form in its entirety and attach any related documentation.
 Please contact the Registration Office at 978-646-4021 with any questions.
 Failure to submit records of state-required immunizations will prevent registration of classes.

Name _____ GCTS ID # _____ Date _____ GCTS Box # _____

Student Address

Street

Street (continued)

City State Zip Country

Phone Phone 2 Mobile Phone

Tetanus-Diphtheria

Date of most recent booster (must be within last ten years)

Meningococcal Vaccine Waiver
 (attach to this form)

Date of dose

Hepatitis B Vaccine *Titer
 (proof of immunity)

Date of Dose 1 or date of lab results showing immunity

Date of Dose 2

Date of Dose 3

MMR (Measles, Mumps, Rubella) Vaccine *Titer
 (proof of immunity)

Date of Dose 1 or date of lab results showing immunity

Date of Dose 2

Clinic Name and Address

Name of Clinic

Street

Street (continued)

City State Zip Country

Phone

*A positive serological test (titer) for immunity to Measels, Mumps, Rubella, or Hepatitis B is acceptable instead of these immunizations. A history of disease is not acceptable. Please attach documentation of positive test.

I have read the immunization requirements on the back of this form and understand that records of all state-required immunizations must be up-to-date and must be submitted to the Admissions or Registration Office or I will not be able to register for classes at Gordon-Conwell.

Student Signature (REQUIRED) **Date**

Please Note: These requirements may be more stringent than what you might normally advise, but please understand that we must abide by Massachusetts state regulations

Physician Signature, Nurse Signature or Clinic Stamp (REQUIRED) **Date**