

Entering Student Immunization Form

Name: _____ Berklee ID: _____ Semester of Entry: _____

All students must submit completed immunization records required of the Commonwealth of Massachusetts in order to finalize application procedures. Please note: you cannot attend Berklee College of Music unless these requirements are met. If you already sent proof of all the immunizations listed below, you do not need to resubmit them.

The below requirements shall not apply where:*

- 1) the student meets the standards for medical or religious exemption set forth in M.G.L. c. 76, s15c.;
- 2) the student provides a copy of a complete immunization record from a school indicating the receipt of required immunization;
- 3) in the case of measles/mumps/rubella or hepatitis B, the student presents laboratory evidence of immunity;
- 4) in the case of varicella (chickenpox), the student presents laboratory evidence of immunity or self-reported history of chickenpox reviewed by appropriate healthcare staff;
- 5) in the case of the meningococcal requirement, the student, or the student's parents or guardian, if the student is a minor, signs the enclosed waiver approved by the Department of Public Health stating that the student has received information about the risks and dangers of meningococcal disease, has reviewed the information provided and has elected to decline the vaccine.

*Please submit supporting evidence if any of the above exemptions apply.

To be filled out by physician:

Vaccination	Date of Dose
Measles/Mumps/Rubella (MMR) #1 (after 12 months of age)	/ /
Measles/Mumps/Rubella (MMR) #2 (at least one month after MMR #1)	/ /
Tetanus and Diphtheria Toxoids and Acellular Pertussis (Tdap) (one dose, within last ten years)	/ /
Hepatitis B #1	/ /
Hepatitis B #2 (must be at least 4 wks after 1 st dose)	/ /
Hepatitis B #3 (must be at least 8 weeks after 2 nd dose and 16 weeks after 1 st dose)	/ /
Varicella (Chickenpox) #1 (after 12 months of age)	/ /
Varicella (Chickenpox) #2 (at least one month after Varicella #1)	/ /
Meningococcal Polysaccharide - OR - (one dose, within last five years)	/ /
Meningococcal Conjugate (one dose, any time in the past)	/ /

Stamp (required) _____ Physician's Signature: _____ Date: _____

Please send to Berklee College of Music, Office of Admissions, 1140 Boylston Street, Boston, MA 02215-3693, U.S.A. **Fax to 617 747-2047** or email admissions@berklee.edu. Questions? Call the Office of Admissions at 617 747-2221.

Student: Please ensure your name is entered above. Please retain a copy for your records. Submitted forms become the property of the college and cannot be returned.