

Student Name: _____

Berklee ID: _____

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

Every full-time undergraduate registered at a college or university in Massachusetts must present a physician's certificate proving the student has received the following immunizations:

- At least one dose of mumps and rubella vaccine(s) given at or after 12 months of age
- Two doses of live measles vaccine given at least one month apart and after 12 months of age
- A booster of tetanus/diphtheria within the last ten years
- Three doses of hepatitis B vaccine
- One dose of meningococcal vaccine (meningitis) within the last five years

The above 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 meningococcal vaccine, student provides a signed, official meningococcal waiver form from the Massachusetts Department of Public Health.

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

To be filled out by physician:

Vaccination	Date of Dose
Primary Tetanus/Diphtheria Series Complete Yes No (circle one)	
Tetanus/Diphtheria Booster (one dose, within last ten years)	/ /
Mumps (one dose, after 12 months of age)	/ /
Rubella (German Measles) (one dose, after 12 months of age)	/ /
Measles/Rubeola I** (after 12 months of age)	/ /
Measles/Rubeola II** (at least one month after Measles 1)	/ /
Hepatitis B1 **	/ /
Hepatitis B2 ** (must be at least 4 wks after 1 st dose)	/ /
Hepatitis B3 ** (must be at least 8 wks after 2 nd dose and 16 weeks after 1 st dose)	/ /
Meningococcal (meningitis) (one dose, within last five years)	/ /

**Note to physician: two live doses of measles are required in the state of Massachusetts as well as three hepatitis B shots, regardless of student's country or state of origin.

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

Entering Students: Send to Berklee College of Music, Office of Admissions, 1140 Boylston Street, Boston, MA 02215-3693, U.S.A. Fax to 617 747-2047. Questions? Call the Office of Admissions at 617 747-2221.

Continuing/Returning Students: Send to Berklee College of Music, Office of the Registrar, 1140 Boylston Street Boston, MA 02215-3693, U.S.A. or bring in person to Office of the Registrar, 921 Boylston Street. Fax to 617 747-8520. Questions? Call the Office of the Registrar at 617 747-2240.

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