

Simmons University Health Center
94 Pilgrim Rd. Boston, MA 02215
Tel. 617-521-1020 Fax 617-521-3467

Name _____ Date of Birth _____ ID# _____

Due dates: July 15 for fall classes and January 10 for spring classes

Graduate Immunization Form

Entrance Date _____

Required Vaccines/Titers: (Provider immunization form may be substituted)

Vaccine	Date 1	Date 2 (or results)	Date 3
MMR (2 doses) OR			
Measles Titer		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	
Mumps Titer		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	
Nursing Requirement Rubella Titer		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	
Hepatitis B (3 doses) AND			
Nursing Requirement Hepatitis B Titer (Anti- HB abs)		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	
Meningitis (MCV4) On or after 16 th birthday			<input type="checkbox"/> Signed waiver
Tdap (1) then Td every 10 years		Td	
Varicella (2 doses) OR			
Varicella Titer		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	
Additional Requirement	Dose #1	Dose #2	Booster Dose
Moderna/Pfizer Covid-19			
Janssen Covid-19			

Additional requirements for Nursing Students:

Blood work showing immunity to Rubella and Hepatitis B are required for clinical placement even with evidence of 2 MMR and 3 Hepatitis B vaccines.

Clinician's Signature _____ Telephone _____ Date _____

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Tuberculosis Risk Assessment

Required for All Undergraduate and Graduate Students

Have you had close contact with anyone who was sick with tuberculosis (TB)? ☐ Yes ☐ No

Where you born in a country with high rates of TB (see list below)? ☐ Yes ☐ No

Have you traveled or lived for more than a month in one of the countries with a high rate of TB? ☐ Yes ☐ No

If you have answered NO to all the questions, no further testing is required. Please submit this form to the Simmons College Health Center.

If you answered YES to any of the above questions, either a PPD test (Mantoux) OR Interferon Gamma Release Assay (IGRA) must be completed by your Health Care Provider within 12 months prior to entering Simmons College.

PPD (Mantoux) Test:

Date Read: _____ (mm/dd/yy) **OR**

Results: (in mm of induration): _____ mm

(10 mm or more is positive-Chest X-ray needed)

IGRA DATE: _____ (mm/dd/yy)

Result (circle): Positive Negative

Chest X-ray required if PPD is positive (10mm or more), **OR** if IGRA is positive

Date Performed: _____ (mm/dd/yy)

Results (circle) Positive Negative

Has this patient been treated for a positive PPD? ☐ NO ☐ YES Describe: _____

Signature of Health Care Provider _____

	Print	Signature	Date
Afghanistan	Congo DR	Kenya	New Caledonia
Algeria	Cote d'Ivoire	Kiribati	Nicaragua
Angola	Croatia	Korea-DPR	Niger
Anguilla	Djibouti	Korea-Republic	Nigeria
Argentina	Dominican Republic	Kuwait	Niue
Armenia	Ecuador	Kyrgyzstan	N. Mariana Islands
Azerbaijan	Egypt	Lao PDR	Pakistan
Bahamas	El Salvador	Latvia	Palau
Bahrain	Equatorial Guinea	Lesotho	Panama
Bangladesh	Eritrea	Liberia	Papua New Guinea
Belarus	Estonia	Lithuania	Paraguay
Belize	Ethiopia	Macedonia-TFYR	Peru
Benin	Fiji	Madagascar	Philippines
Bhutan	French Polynesia	Malawi	Poland
Bolivia	Gabon	Malaysia	Portugal
Bosnia & Herzegovina	Gambia	Maldives	Qatar
Botswana	Georgia	Mali	Romania
Brazil	Ghana	Marshall Islands	Russian Federation
Brunei Darussalam	Guam	Mauritania	Rwanda
Bulgaria	Guatemala	Mauritius	St. Vincent &
Burkina Faso	Guinea	Mexico	The Grenadines
Burundi	Guinea-Bissau	Micronesia	Sao Tome & Principe
Cambodia	Guyana	Moldova-Rep.	Saudi Arabia
Cameroon	Haiti	Mongolia	Senegal
Cape Verde	Honduras	Montenegro	Seychelles
Central African Rep.	India	Morocco	Sierra Leone
Chad	Indonesia	Mozambique	Singapore
China	Iran	Myanmar	Solomon Islands
Colombia	Iraq	Namibia	Somalia
Comoros	Japan	Nauru	South Africa
Congo	Kazakhstan	Nepal	Spain
			Sri Lanka
			Sudan
			Suriname
			Syrian Arab Republic
			Swaziland
			Taiwan
			Tajikistan
			Tanzania-UR
			Thailand
			Timor-Leste
			Togo
			Tokelau
			Tonga
			Tunisia
			Turkey
			Turkmenistan
			Tuvalu
			Uganda
			Ukraine
			Uruguay
			Uzbekistan
			Vanuatu
			Venezuela
			Viet Nam
			Wallis & Futuna
			W. Bank & Gaza Strip
			Yemen
			Zambia
			Zimbabwe

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