



Graduate Admissions

1 College Circle • Bangor, ME 04401 • (866)567-5990, Fax (207) 941-7850

Graduate Immunization Request Form

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Student or Social Security Number _____

Email address _____ Telephone _____

Maine State Law (22-MRSA§6359) amendment 10-144 DHHS requires all full-time and degree seeking part-time post-secondary school students born after 1956 to show proof of immunization against measles, mumps, rubella, tetanus and diphtheria. The copy of your record must show the following:

1. Two doses of the **Measles, Mumps and Rubella (MMR)** vaccination
2. **Tetanus and diphtheria (TD)** vaccines administered within the last 10 years. If only a tetanus shot has been given within the last 5 years, you may be temporarily exempt from the diphtheria requirement.

In addition, all Nursing, Occupational Therapy and Physical Therapy students must receive the following:

1. An initial two-step **PPD** test followed by an annual one-step **PPD**, with negative results
 - a. If positive PPD results, provide a clear chest x-ray
2. **Varicella Zoster** immunization or titer (prior chicken pox does not exempt you from this vaccine)
3. Three doses of the **Hepatitis B** vaccine
4. Any additional immunizations as required by your department or division

All students are advised to contact their departments for additional requirements; some programs call for additional vaccinations and/or certifications. A blood titer may be drawn to prove immunity if the student prefers or if a medical record is not available. A copy of the laboratory titer report must be sent with your other immunization records.

To request a medical exemption, attach a dated, signed statement from your doctor requesting the exemption. For philosophical or religious exemptions, please write a formal request explaining the rationale for exemption and attach to this form. **IF THERE IS AN OUTBREAK, EXEMPTED STUDENTS ARE REQUIRED TO LEAVE HUSSON. Exemptions do not apply to Nursing, Physical Therapy and Occupational Therapy students.**

COMPLIANCE WITH STATE LAW IS MANDATORY. If immunization conditions are not met, you will be unable to register for classes. Suggestions for obtaining your records are on the reverse side.

**Please include this form and copies of records (not originals)
with your application for admission to Husson.**

SUGGESTIONS FOR OBTAINING IMMUNIZATION RECORDS

**VERIFICATION FOR EACH VACCINE MUST INCLUDE
THE TYPE OF VACCINE, THE DATE GIVEN,
AN OFFICE STAMP AND/OR
A SIGNATURE AND TITLE OF THE HEALTH CARE PROVIDER.**

HAND PRINTED CLINIC/OFFICE NAMES ARE NOT ACCEPTABLE

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| Your Doctor's office | Request a copy of immunizations that were given at your Doctor's office. <i>The verification must include the type of vaccine, the date given, an office stamp or a legible signature and title for each vaccine.</i> |
| Hospital record | You may have received a tetanus/diphtheria booster in a hospital emergency room for an injury. If so, request verification for that vaccine through medical records at that hospital. |
| Military immunization records | Record must be stamped or signed by the health care provider. |
| Baby book immunization records | The record must have the office stamp or have the <i>signature and title of the health care provider who administered the vaccine.</i> |
| Immunization records from a college or high school you previously attended | Request a <i>signed</i> copy from the college or high school health services. |

YOU MUST RECEIVE THE VACCINE/TITER(S) FOR WHICH YOU CANNOT PROVIDE PROPER DOCUMENTATION.

College Use Only below this line:

MMR 1 st ___/___/___	MMR 2 nd ___/___/___	MMR titer ___/___/___
Measles ___/___/___	Mumps ___/___/___	Rubella ___/___/___
Measles titer ___/___/___	Mumps titer ___/___/___	Rubella titer ___/___/___
TD/Tdap ___/___/___		

Immunizations below required for MS-OT

Varicella ___/___/___	Varicella titer ___/___/___	
Hepatitis B 1 st ___/___/___	Hepatitis B 2 nd ___/___/___	Hepatitis B 3 rd ___/___/___
PPD Step 1 ___/___/___	PPD Step 2 ___/___/___	Influenza (Nursing only) _____