

HUSSON

School of Graduate Studies
One College Circle • Bangor, ME 04401 • (207)992-4994

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 or a chest x-ray
2. **Varicella Zoster** immunization or titer
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.**

College Use Only- Do not write below this line

MMR ___/___/___ Measles ___/___/___ Mumps ___/___/___ Rubella ___/___/___
MMR booster ___/___/___ Measles booster _____ Mumps titer _____ Rubella titer _____
Measles booster exempt ___ Measles titer _____ Mumps exempt _____ Rubella exempt _____
TD ___/___/___ Measles exempt _____
Tetanus ___ / ___ / ___
Tetanus exempt _____
Diphtheria exempt _____
Last attended _____

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

Your Doctor's office

Request a copy of immunizations that were given at your Doctor's office. *The verification must include the type of vaccine, the date given, an office stamp or a legible signature and title for each vaccine.*

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 *signature and title of the health care provider who administered the vaccine.*

Immunization records from a college or high school you previously attended

Request a *signed* copy from the college or high school health services.

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