

**BENTLEY UNIVERSITY IMMUNIZATION RECORD REQUIRED  
 FULL TIME STUDENTS (UG: 12+ CREDITS, GR: 9+ CREDITS) ONLY  
 TO BE COMPLETED, SIGNED AND DATED IN MONTH/DAY/YEAR FORMAT, BY YOUR HEALTH CARE PROVIDER**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI Gender Month Day Year

In accordance with MASSACHUSETTS LAW (College Immunization Law, Chapter 76, Sections 15c and 15d) Bentley University requires documentation of immunization or immunity to varicella, measles, mumps, rubella, tetanus, diphtheria, hepatitis B, and meningitis. Documentation must include the exact dates for all immunizations **or** positive antibody titer **or** provider documented evidence of having had the disease. If antibody titer indicates lack of immunity, vaccines must be administered.

**REQUIRED IMMUNIZATIONS**

A. **MMR (MEASLES, MUMPS, RUBELLA): 2 doses required (Dose 1 on or after 12 months of age)**

Dose 1 (Immunized, **ON** or **AFTER**, the first birthday): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Dose 2 (Given at least 28 days after Dose 1): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**OR Documentation of POSITIVE antibody titers (Please attach a copy of results. Must include all 3 titers.):**

Measles titer: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mumps titer: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rubella titer: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year Month Day Year

B. **TETANUS, DIPHTHERIA, PERTUSSIS (Tdap, Boostrix or Adacel): accepted at age ≥ 7, but ideally after age 11. Td or Tdap booster is required if it has been 10 years or more since Tdap**

Tdap Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ If Tdap > 10 yrs prior, need Td: \_\_\_\_/\_\_\_\_/\_\_\_\_ **OR** Tdap: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year Month Day Year

C. **HEPATITIS B VACCINE: 3 doses required of Engerix-B or Recombivax-B, or 2 doses of Heplisav B (18+ only)**

Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 3: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year Month Day Year

Check Here if **Heplisav B (2-dose series)** was given instead of 3-dose series: \_\_\_\_\_

**OR Documentation of POSITIVE antibody titer (Please attach a copy of results):** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

D. **MENINGOCOCCAL ACWY (quadrivalent) VACCINE: for students 21 years and under (REQUIRED TO BE ADMINISTERED AFTER AGE 16)**

Menactra Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ **OR** Menveo Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

E. **VARICELLA: 2 doses required (Dose 1 on or after 12 months of age)**

Dose 1 (Immunized, **ON** or **AFTER**, the first birthday): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Dose 2 (Given at least one month after Dose 1): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**OR Documentation of DISEASE HISTORY verified by health care provider:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**OR Documentation of POSITIVE antibody titer (Please attach a copy of results):** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

F. **COVID VACCINE (Pfizer, Moderna, J & J): 2 doses of Pfizer/Moderna + booster or 1 dose of J&J + booster**

Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 3: \_\_\_\_/\_\_\_\_/\_\_\_\_ (optional) Dose 4: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year Month Day Year Month Day Year

**RECOMMENDED IMMUNIZATIONS: FLU VACCINE IS SUBJECT TO CHANGE & MAY BE REQUIRED**

- A. **HPV VACCINE:** Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 3: \_\_\_\_/\_\_\_\_/\_\_\_\_
- B. **HEPATITIS A:** Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_
- C. **MENINGOCOCCAL B VACCINE:** Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose 3: \_\_\_\_/\_\_\_\_/\_\_\_\_
- D. **SEASONAL FLU:** Should be administered after July 1 of each year \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTHCARE PROVIDER INFORMATION AND SIGNATURE**

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date of completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORD\*\***

Once form is completed, submit online via the Bentley Health Portal (bentley.mediatconnect.com) use the Upload tab to submit the completed form. Dates also must be entered using the Immunization tab.