



## Immunization Requirements Overview

The Massachusetts Department of Public Health requires all **full-time undergraduate and graduate students under 30 years of age, all health science students, and all international students**, to submit immunization records to their enrolled college or university regarding Tdap, MMR, Hepatitis B, Meningitis, and Varicella vaccines. Note that Suffolk University recommends Meningitis B vaccine, Seasonal Influenza, and COVID vaccine as well.

- **Tdap (Tetanus, Diphtheria, & Acellular Pertussis) vaccine:** 1 dose is required. If it has been more than 10 years since Tdap was received, a Td vaccination within 10 years is recommended.
- **MMR (Measles, Mumps, & Rubella) vaccine:** 2 doses are required (first dose must be given on or after the 1<sup>st</sup> birthday and 2<sup>nd</sup> dose must be given at least 28 days after dose 1) OR documentation that all three vaccines were received separately. Individual positive titer results are accepted.
- **Hepatitis B vaccine:** 3 doses are required (second dose must be given at least 28 days after dose 1 and third dose must be given at least 2 months after dose 2 and at least 4 months after dose 1). Positive titer results for Hepatitis B are accepted.  
**Note re: Hepatitis B vaccine:** a 2-shot series is available. This vaccine offers the same protection as the 3-shot series and if completed on or after 18 years of age, it will also be accepted.
- **Meningitis (MenACWY) vaccine:** 1 dose is required for students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16<sup>th</sup> birthday OR completion of a signed meningitis waiver form will be accepted. A student can decide not to receive the meningitis vaccine but there are serious medical risks in waiving this vaccine. It is **IMPORTANT** that you review all of the medical risks of not receiving the meningitis vaccine on the waiver form **BEFORE** deciding if you want to waive receiving this vaccine. The meningitis waiver form is located : [here](#)
- **Varicella vaccine:** 2 doses are required (first dose must be given on or after the 1<sup>st</sup> birthday and 2<sup>nd</sup> dose must be given at least 28 days after dose 1) OR reliable documentation of history of disease (chicken pox) is accepted. Positive titer results for Varicella are accepted.
- Recommended: **Meningitis B vaccine:** both a 2-shot series and a 3-shot series are available to protect against Meningitis serogroup B (not included in MenACWY). While this vaccine is not required, it is recommended by the medical staff at Suffolk University.
- Recommended: **Seasonal Influenza vaccine:** 1 dose of the seasonal flu vaccine is recommended every year by the medical staff at Suffolk University.
- Recommended: **COVID-19 vaccine:** remaining up to date with COVID vaccination according to each individual's age and health condition is recommended.

## **CHW Health is here to help you fulfill your immunizations requirements.**

Students should make every effort to complete and submit all immunizations prior to the start of classes.

Students who are not compliant at the start of the semester may schedule an appointment online through the Student Health Portal (<https://studenthealthportal.suffolk.edu>) to work with a CHW Health staff member to develop a plan for full compliance.

Immunizations are free at CHW for students enrolled in the Suffolk Student Health Insurance Plan (SSHIP). Students not enrolled in the SSHIP may pay by cash or check for the vaccine at CHW or they may choose to receive the vaccine at any one of several neighboring pharmacies that take their insurance.

For more information, please call (617) 573-8226, email us at [health@suffolk.edu](mailto:health@suffolk.edu), or visit our website: [www.suffolk.edu/chw](http://www.suffolk.edu/chw). Please note that our business hours are 9AM to 5PM Monday - Friday.



## Required Immunization Form

Student Name \_\_\_\_\_

Suffolk Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Immunization	Date Received
MMR Dose #1	
MMR Dose #2	

OR

Immunization	Date Received
Measles #1	
Measles #2	
Mumps	
Rubella	

Immunization	Date Received
Tdap	

Immunization	Date Received
Hepatitis B 3-Dose Vaccine	
Dose #1	
Dose #2	
Dose #3	

OR

Immunization	Date Received
Hepatitis B 2-Dose Vaccine	
Dose #1	
Dose #2	

Immunization	Date Received
Varicella #1	
Varicella #2	

OR

History of Disease
Date of Disease

Immunization	Date Received
Meningitis	

OR

Signed Waiver
Attached meningitis vaccine waiver

A student can decide to waive the meningitis vaccine but it is strongly recommended that you read all of the medical risks and consult with your medical provider before doing so.

**If you do not have immunization documentation of Measles, Mumps, Rubella, Hepatitis B, or Varicella, you can submit documentation of a positive titer result for proof of immunity.**

**Medical Provider Name (print):** \_\_\_\_\_

**Medical Provider Signature:** \_\_\_\_\_

**Provider Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_