

MONTY TECH PRACTICAL NURSING PROGRAM 2021 - 2022

NAME: _____

*****STUDENTS WILL NOT BE ADMITTED TO THE FIRST CLASS UNLESS FULL COMPLIANCE WITH EACH OF THE FOLLOWING REQUIREMENTS IS DOCUMENTED BY AUGUST 1ST*****

<https://www.mass.gov/doc/105-cmr-220-immunization-of-students-before-admission-to-school>

No student shall attend a postsecondary institution without a certification of immunization documenting that the student has been successfully immunized in accordance with required Department immunization schedules developed in accordance with the recommendation of the Advisory Committee on Immunization Practices of the Center for Disease Control and Prevention, or any successor committee serving a comparable function.

Measles	Mumps	Rubella	Tdap	TB testing	Varicella	Hepatitis B	Meningococcal
Date	Date	Date	Date	2 STEP REQUIRED	Titer Date	Titer Date	1 dose MenACWY
Titer	Titer	Titer		1st result	Titer Result	Titer Result	Age 16-21
Result	Result	Result		1st result	*If Negative result	*If Negative result	Date:
*If Negative result	*If Negative result	*If Negative result		2nd date	Vaccine required	Vaccine required	
Vaccine required	Vaccine required	Vaccine required		2nd result			Influenza Vaccination
AND	AND	AND			AND	AND	(October each year)
Date	Date	Date			Chicken pox	Hepatitis #1	
MMR #1	MMR #1	MMR #1		If Positive:	Date	Hepatitis #2	Covid-19 Vaccination
MMR #2	MMR #2	MMR #2		X-Ray date		Hepatitis #3	(Proof of immunization and booster when available)
				Result			
					Dates	Booster Date	
				TB Blood Date	Vaccine #1	Booster Result	
				Result	Vaccine #2		

Both documentation of immunization and titer have been verified by the physician and lab are results provided.

Signature of Healthcare Provider: _____ Date: _____

Revised 6/4/21 jlc