BERKSHIRE COMMUNITY COLLEGE

MANDATORY IMMUNIZATION REQUIREMENTS FOR ALLIED HEALTH

Student Name _____
Please print: Last First Middle

Home Address _____
Street/PO Box City State Zip

Student ID# _____ Date of Birth ____/____/____
mm dd yy

Email Address _____ BCC Program: ☐ PTA ☐ RT ☐ MT

TO THE EXAMINING HEALTH CARE PROVIDER: Please review and complete this BCC Immunization Report.
Please send completed form to:
Berkshire Community College
Attn Colleen Hunkler, Health and Immunization and Records Office, Room H323
1350 West Street, Pittsfield, MA 01201
Phone: 413-236-4609 or Fax: 800-724-9943 or Email: medicalrecords@berkshirecc.edu

IMMUNIZATION REQUIREMENTS		Reports of Titer	Dates of Vaccination
1	**MMR**: 2 doses **OR** **Titer** with laboratory evidence of immunity	☐ Yes; *Laboratory reports attached*	1. 2.
2	**Varicella:** Medical proof of disease/reliable history of chicken pox, including a diagnosis of chickenpox or interpretation of parent/guardian description of chickenpox by a physician or designee **OR** **Titer** with laboratory evidence of immunity	☐ Yes; *Laboratory reports attached* **OR** *diagnostic note from provider attached*	Not Applicable
3	**Hepatitis B**: 3 doses of hepatitis B vaccine on a 0, 1, and 6 month schedule **OR:** 2 doses of the Heplisav-B formulation **OR: Titer** with laboratory evidence of immunity	☐ Yes; *Laboratory reports attached*	☐ HepB 1 2 3 ☐ Heplisav 1 2
4	**Tb:** Tuberculosis negative test within the year **OR** Negative chest x-ray within last five years (Positive test requires chest x-ray)	☐ Bloodwork ☐ Chest Xray *Laboratory or imaging reports attached*	Tb skin test result: Plant date: Read date
5	**T-dap vaccine:** 1 dose; and history of a DTaP primary series or age appropriate catch-up vaccination. Td should be given if it has been ≥10 years since Tdap.	Tdap date: Td date:	
6	**Meningoccal: 1 dose** MenACWY required for all full-time students 21 years of age or younger.	Date:	
7	**Covid-19 vaccine:** completed series	☐ Vaccination card/proof of immunization attached	
8	**Flu vaccine:** during flu season	Date:	

Health Care Provider's Signature _____

Print Provider's Last Name _____ Date _____

Berkshire Community College is an affirmative action/equal opportunity institution and does not discriminate on basis of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, or national origin in its education programs or employment. (BCC Immunization policy developed in coordination with MDPH Immunization Program 2021-2022 School Year and requirements of clinical sites) Specific information for immunization requirements can be found at the MA Department of Public Health website https://medical.mit.edu/sites/default/files/ma-school-requirements.pdf

Rev. Nov/18/2021