Northeastern University
University Health & Counseling Services

University Health and Counseling Services
70 Forsyth Street
135 Forsyth Building
Boston, MA 02115
617-373-2772 (phone)
617-373-2601 (fax)
immunizations@northeastern.edu

Any student failing to provide the required immunization documentation will be prohibited from both registering and attending all classes.

STUDENT NAME (please print) DATE OF BIRTH (MM/DD/YYYY)

VACCINATION	DATE 1: MM/DD/YYYY	DATE 2: MM/DD/YYY	DATE 3: MM/DD/YYYY
HEPATITIS B Series of three doses (or positive titer); the second dose at least one month after the first, the third at least two months after the second and 4 months after the first.	/ /	/ /	/ /
INFLUENZA (Flu) 2020-2021	/ /	Proof of vaccination can be sent separately. Visit the UHCS website to learn about on campus flu clinics.	
MENINGOCOCCAL (Meningitis) One dose of MenACWY vaccine is required for all full-time students twenty-one years of age or younger. Doses received before 16th birthday do not count for requirement.	/ /	MenACWY vaccine may be declined by reading and signing waiver.	Waiver form is attached below, which you may read and sign. Please check box if you decline. ☐
MMR (Measles, Mumps, Rubella) Two doses required (or positive measles, mumps and rubella titers). Doses MUST BE given at least 28 days apart beginning at or after the first birthday.	/ /	/ /	The MMR vaccines may be substituted with 2 Measles, 2 Mumps and 2 Rubella vaccines OR positive titers.
MEASLES or positive titer	/ /	/ /	
MUMPS or positive titer	/ /	/ /	
RUBELLA or positive titer	/ /	/ /	
TDaP (Tetanus, Diphtheria, Pertussis) Vaccine within the last 10 years is required.	Td or Tdap must be given if greater than 10 years since Tdap. Tdap is required if no history of previous Tdap.	/ / Tdap Date	/ / TD Date
VARICELLA Indicate incidence of disease or two doses of vaccine (given at least 28 days apart beginning at or after the first birthday) or positive titer.	/ /	/ /	/ / Verified date of disease

If you do not have access to your immnunization record, you can submit titer results for review. You do not need to submit both.

TITERS	DATE	IMMUNE	NOT IMMUNE	EQUIVOCAL
Measles IGG AB	/ /			
Mumps IGG AB	/ /			
Rubella IGG AB	/ /			
Hepatitis B surface antibody (HBsAB)	/ /			
Varicella IGG AB	/ /			

A health care provider MUST SIGN this form, to verify dates.

NAME (please print) SIGNATURE DATE

ADDRESS TELEPHONE