

**Please complete, sign, and return to:**



Cambridge College / NITE  
 Office of Student Records  
 1000 Massachusetts Avenue  
 Cambridge, MA 02138

To comply with state law, all new students at Cambridge College locations in Massachusetts **MUST** complete this Certification of Immunizations — even if you are exempt — before beginning classes.

*Please SIGN this form: Student and a physician, nurse, or school official.*

## Please Type or Print Clearly

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. no. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

SSN (optional) 

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 Date of birth 

Month	Day	Year			

Maiden or former name \_\_\_\_\_ Program to which you are applying \_\_\_\_\_

**Student signature** \_\_\_\_\_ Date (MM-DD-YY) \_\_\_\_\_

Immunizations Required	Month	Year
Please check one (unless you are exempt; see at right). Get all immunizations listed below, complete form and sign. Full-time undergraduate students: 12 credits or more per term. Full-time graduate students: 8 credits or more per term. Health science students: part-time and full-time. International students and others attending or visiting a college on a student or other visa (part-time and full-time).		
<b>MMR (Measles, Mumps, Rubella)</b> Date of vaccination or laboratory proof of immunity		
<b>Diphtheria-Tetanus (Td) Booster</b> Date of vaccination or booster (within 10 years)		
<b>Hepatitis B</b> (3 doses) Date of vaccination or laboratory proof of immunity		

**Exemption** The only circumstances in which you may be exempt from the Massachusetts College Immunization Law are:

- Part-time study in programs other than health sciences:  
     Undergraduate: less than 12 credits per term.  
     Graduate & post-graduate: less than eight credits.
- Birth before 1956
- Conflict with your religious beliefs (written statement required; explain below or on back of form)
- Your physician, who has personally examined you, is of the opinion that your health would be endangered by the required immunizations (explain below or on back of form):

**Make an appointment with your physician or school nurse** to review your immunization records. If you are unable to locate accurate immunization records, you are required by law to get all the vaccinations and/or laboratory tests listed on this form. Please complete and sign the certification form at that time.

(Please note: having had a disease is not proof of immunity.)

**Meningococcal Disease** — Read public health fact sheet, provided in your acceptance packet or available at [www.cambridgecollege.edu/admissions/](http://www.cambridgecollege.edu/admissions/). Immunization not required.

Medical Practice or School \_\_\_\_\_

Address \_\_\_\_\_

Physician/Nurse/School official name PLEASE PRINT \_\_\_\_\_

**Physician/Nurse/School official signature** \_\_\_\_\_ Date (MM-DD-YY) \_\_\_\_\_