



Cambridge College

# NITE

National Institute for Teaching Excellence

# Proof of Immunizations

**ONLY required for  
Massachusetts**

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 complete, sign, and mail to:**



Cambridge College / NITE  
Transfer Credit Office  
1000 Massachusetts Avenue  
Cambridge, MA 02138

### 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) \_\_\_\_\_

<b>Immunizations Required</b>	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. 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) \_\_\_\_\_