



Hebrew College, 160 Herrick Road, Newton Centre, MA 02459
Phone: 617-559-8603, Fax: 617-559-8601, hebrewcollege.edu

IMMUNIZATION FORM

Massachusetts state law requires all full-time undergraduate and graduate students under 30 years of age to show proof of immunization against measles, mumps, rubella and tetanus diptheria (Note: TD booster must be within the last 10 years). This immunization form must be completed and signed by a physician or health professional (school and military immunization records are acceptable). In addition, proof of hepatitis B immunization (three inoculations) is now required by state law for full-time freshmen and sophomores and is strongly suggested for all others. Medical and religious exemptions are allowed. Medical exemptions must be signed by a health professional and submitted to Hebrew College by the student. Immunization records must be submitted in order for you to register.

Please return this completed form or school or military immunization records to Registrar, Hebrew College, 160 Herrick Road, Newton Centre, MA 02459.

Name (Last, First, MI) _____ **M** **F**

Date of Birth _____

Student ID _____ **Social Security Number** _____

Year of Entry _____

_____ **MMR**
Month/Day/Year

_____ **Rubella**
Month/Day/Year

_____ **Measles**
Month/Day/Year

_____ **Tetanus Diptheria**
Month/Day/Year

_____ **Mumps**
Month/Day/Year

_____ **Hepatitis B**
Month/Day/Year

Do not leave any blanks; you must comply with all the above immunizations.

Physician/Nurse Signature _____ **Date** _____

Physician/Nurse Address _____

Physician/Nurse Telephone _____