



Boston University Student Health Services
 881 Commonwealth Ave. West, Boston, MA 02215
 Phone: 617-353-3575 | Website: bu.edu/shs/ihr
 Send us a message: patientconnect.bu.edu

IMMUNIZATION REQUIREMENTS FORM - SUMMER

These vaccines are either required by the Commonwealth of Massachusetts or Boston University. You must complete this form with your licensed medical provider and fax or mail this form to your summer program.

Last Name		First	Middle
Date of Birth mm/dd/yyyy	University ID Number (8 or 9 digits)		Summer Program Name/Type
Emergency Contact Name		Relationship	Phone Number
Alternate Emergency Contact Name		Relationship	Phone Number

Measles-Mumps-Rubella			
Two doses given at least 28 days apart and after 12 months of age. If given as single antigen vaccines, 2 Measles, 2 Mumps and 2 Rubella doses are required OR positive MMR antibody titer. Doses of Varicella and MMR must be given on the same day or 28 days apart. Doses administered at less than the minimum interval or earlier than the minimum age are not valid and must be repeated.			
MMR	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	
OR			
Measles	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Positive Titer mm/dd/yyyy
Mumps	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Positive Titer mm/dd/yyyy
Rubella	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Positive Titer mm/dd/yyyy
Tetanus-Diphtheria-Pertussis (Tdap)			
One dose on or after your 10th birthday is required. If you received multiple doses of Tdap, include most recent dose. A Tdap booster is recommended every 10 years.			
Tdap	mm/dd/yyyy		
Meningococcal Conjugate (ACWY)			
One dose on or after your 16th birthday is required. Do not complete this section if you will be over 21 years of age at the start of your program. The Meningococcal B vaccine does not fulfill the requirement. Instructions to decline the Meningitis (ACWY) vaccine requirement can be found on this link .			
	mm/dd/yyyy		
COVID-19			
<i>(strongly recommended)</i> COVID-19 initial vaccination series and a COVID-19 booster dose. More information on the COVID-19 vaccination requirements can be found on www.bu.edu/shs/covid-19/vaccination/ .			
Dose 1 manufacturer	Dose 1 mm/dd/yyyy	Dose 2 manufacturer	Dose 2 mm/dd/yyyy
Booster/Dose 3 manufacturer		Booster/Dose 3 mm/dd/yyyy	
Hepatitis B			
A minimum of 4 weeks between doses 1 and 2 and a minimum of 16 weeks between doses 1 and 3 or a positive Hepatitis B antibody titer.			
Please check here if you received Heplisav-B (HepB-CpG). Please check here if you received the combination hepatitis A & B vaccine (TwinRix).			
Please attach the specific vaccine verification from a medical provider.			
Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Dose 3 mm/dd/yyyy	Antibody Titer mm/dd/yyyy
OR			
Varicella			
Two doses given at least 4 weeks apart and after 12 months of age OR positive Varicella antibody titer OR a history of the disease verified by your provider. Doses administered at less than the minimum interval or earlier than the minimum age are not valid and must be repeated.			
Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Positive Titer mm/dd/yyyy	Disease Date mm/dd/yyyy
OR			
OR			



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IMMUNIZATION REQUIREMENTS FORM (continued)

Form containing sections: TB Questions, Tuberculosis (TB) Test, TB Test History, TB Skin Test, IGRA Blood Test, Positive TB Test History, Authorization & Consent, and signature lines for Student and Parent/Guardian.

LICENSED MEDICAL PROVIDER (MD, DO, PA, NP, RN, or MBBS) VERIFICATION (required)

First Last
Provider Printed Name Phone
Provider Signature/Credentials Date
m m / d d / y y y y



MIIS FAQs: Sharing Your Immunization Information

What is the Massachusetts Immunization Information System?

The Massachusetts Immunization Information System (MIIS), also called an immunization registry, is a confidential, web-based system that collects and stores vaccination (shot) records for people of all ages vaccinated in Massachusetts. The MIIS is operated by the Immunization Division at the Massachusetts Department of Public Health and helps you, along with your healthcare providers, keep track of the shots that you have received.

Why is the MIIS important?

The schedule of vaccines that you need to stay healthy and that are required for you becomes more complicated with every new vaccine introduced. Keeping all your shot records in one place helps to make sure that you receive the complete schedule of immunizations.

What information about me will be entered into the MIIS?

Boston University Student Health Services is mandated to report any immunizations we administer to the MIIS. Other information, including address, date of birth, sex, and the provider office location will also be included in the registry to be sure that your records are accurate and cannot be confused with another patient's record. All the information in the MIIS is secure and confidential.

What if I do not want to share my immunization information?

The law requires that immunizations are reported to the Massachusetts Department of Public Health through the MIIS. There is no option to “opt-out” of the MIIS. Your records will only be available to those involved in your care, who have a reason to know about them. The MIIS enables Student Health Services to verify what shots you have received in the past from other providers. If you prefer that your immunization history not be viewed by new providers, you may object to sharing your immunization information.

If you object to data sharing, your immunization information will still be in the MIIS, but only the provider(s) who administered your vaccines and the Department of Public Health will be able to see it. To object to data sharing, you must complete the [MIIS Objection \(or Withdrawal of Objection\) Form](#). If you change your mind, you can fill out the same form to have your immunization information shared in the MIIS.

Please note: you will need to keep track of your records in the event that you receive immunizations from other health care providers.