



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

These vaccines are either required by the Commonwealth of Massachusetts or Boston University. You must complete this form with your licensed medical provider and then submit this form following the instructions on the bu.edu/shs/ihr page at least one month prior to the start of your first semester. If you haven't received all vaccines, you should still submit this form and receive the remaining vaccines at a later date while on campus at our clinic.

Last Name		First	Middle
Date of Birth mm/dd/yyyy	University ID Number (8 or 9 digits)		Semester Start (check one): Fall Spring Summer 20____

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		
					OR		
Mumps	Dose 1 mm/dd/yyyy		Dose 2 mm/dd/yyyy		Positive Titer mm/dd/yyyy		
					OR		
Rubella	Dose 1 mm/dd/yyyy		Dose 2 mm/dd/yyyy		Positive 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	
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 first semester. 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 <small>(strongly recommended)</small>				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 (titer documentation required).			
Please check here if you have received a Heplisav-B/HepB-CpG and attach the specific vaccine verification from a medical provider				Please check here if you have received a combination Hepatitis A & B vaccine such as TwinRix and 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	
Tetanus-Diphtheria-Pertussis (Tdap)				One dose on or after your 11th birthday is required. If you received multiple doses of Tdap, include most recent dose.			
Tdap mm/dd/yyyy							



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IMMUNIZATION REQUIREMENTS FORM (continued)

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

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

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



Personal Checklist- Immunization Requirements

Go to the Health Requirements page at bu.edu/shs/ihr and select the option that best describes you using our guide:

Which Immunization Requirement document are you required to complete?

- Immunization Requirement – Freshmen
- Immunization Requirement – Graduate or Transfer Student

Step 1: Obtain your immunization documentation from your licensed medical provider. Documentation must be in English and only these types of documentation are accepted.

- **The BU Immunization Requirement form (preferred)** – available within the Health Requirements Guide on the bu.edu/shs/ihr page.
- An immunization history form printed off by your provider's office, high school, local health department, a previous university/college, or the U.S. military in English.

Step 2: Enter (type in) the dates of your immunizations into Patient Connect.

1. Go to patientconnect.bu.edu and enter your university username and password.
2. Click "Medical Clearances" on the left menu.
3. Enter (type in) your vaccine dates and/or blood test (titer) dates into the individual immunization options by clicking the "Update" button and select "Done" once completed.

Step 3: Upload the immunization documentation into your online health portal Patient Connect (preferred). Documentation must be in English.

1. Go to patientconnect.bu.edu and enter your university username and password.
2. Click "Medical Clearances" on the left menu.
3. Select the "Update" button to the right of "Immunization Record"
4. Click "Upload" and locate your document(s) on your device.
5. Click the "Looks Good" button then "Save" button to submit your document(s) for review. You will receive an email to your BU account when the document(s) have been processed within 15 business days.

IMPORTANT: If you haven't received all vaccines, you should still submit your immunization documentation and follow these steps. You can receive the remaining vaccines later while on campus by booking an appointment at SHS or attending one of our several campus wide immunization clinics held each semester. Please check our website for updates and events. For more information about the Immunization Requirements, visit: bu.edu/shs/compliance.

IMPORTANT: Immunization requirements are only part of the incoming health requirements process. Please be sure review all requirements, complete, and follow all of the steps within the Health Requirements Guide on the bu.edu/shs/ihr page.

DUE DATE: Submissions are due at least one month prior to your first semester at Boston University. Please allow up to three weeks for your documents to be processed. You will receive an email when your documents have been processed.

Still have questions? Our Patient Services team is here to help! Please contact us at:

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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.