

**IMMUNIZATION FORM**

**Part I: To be completed by student**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Status-please check one on each line:

A) Commuter \_\_\_\_\_ On-campus housing \_\_\_\_\_

B) Freshman \_\_\_\_\_ Transfer \_\_\_\_\_

C) Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

I am providing proof of immunization by enclosing:

\_\_\_\_ Signed physician's certification (below) or letter

\_\_\_\_ Immunization record from my high school, college, etc.

\_\_\_\_ Laboratory evidence of immunization

\_\_\_\_ I am requesting an exception for medical or religious reasons. (Please attach documentation.)

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: Physician's certificate (To be completed by the physician):**

Please list month and year of each immunization

MMR 1 \_\_\_\_\_ MMR 2 \_\_\_\_\_

Tdap or Td \_\_\_\_\_

Hep B 1 \_\_\_\_\_ Hep B 2 \_\_\_\_\_ Hep B 3 \_\_\_\_\_

Meningococcal \_\_\_\_\_

Varicella 1 \_\_\_\_\_ Varicella 2 \_\_\_\_\_

Or: verification of varicella disease by reliable history \_\_\_\_\_

I certify that the above information is true to the best of my knowledge.

**MD, PA, or NP signature (or designee)**

\_\_\_\_\_ Date: \_\_\_\_\_

Please send this form, along with proof of immunization (or supporting documentation for health or religious exemption), and a copy (front and back) of the health insurance card you will be using (not necessary if you will be using the student health insurance plan through the College as you don't have that card yet) to the **Office of Admissions, Montserrat College of Art, 23 Essex Street, Beverly, MA 01915** or via email to [admissions@montserrat.edu](mailto:admissions@montserrat.edu) as before **August 1, 2019**. You should retain a copy of this form to bring with you on registration day.