

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 as before **July 15**. You should retain a copy of this form to bring with you on registration day.