Montserrat College of Art

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_____ School 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), to the Office of Admissions, Montserrat College of Art, 23 Essex Street, Beverly, MA 01915 or fax 978.921.4241 as before **August 1, 2016**. You should retain a copy of this form to bring with you on registration day.