



MA in Counseling Psychology: HEALTH AND IMMUNIZATION RECORDS

Massachusetts law requires incoming students provide proof of immunization. This applies to all health science students. Health science students at Fisher College **MUST** demonstrate the following immunities:

TDaP immunization

MMR blood titers: one for measles, one for mumps, and one for rubella

Hepatitis B blood titer

Varicella (Chickenpox) blood titer

TB test result upon application (must be negative; if positive CDC regulations will be followed)

These requirements conform to the Massachusetts Department of Public Health's guidelines for health students.

The forms in this packet should be completed and returned to Fisher College Health Services before students may begin their program of study.

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|---|--|
| <p>To be completed by the student:</p> <p><input type="checkbox"/> Health Record</p> | <p>To be completed by healthcare provider:</p> <p><input type="checkbox"/> Immunities/Immunization Record</p> |
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Thank you in advance for your cooperation. Please feel free to contact Health Services at 617-236-8860.

PLEASE NOTE: ALL STUDENTS are required to return the completed HEALTH and IMMUNIZATION REPORT. Any student failing to provide this required documentation will be prohibited from registering and attending classes.

INSTRUCTIONS: This form must be completed in ENGLISH. Please complete all forms labeled *STUDENT COMPLETES THIS FORM.* Please have the student's healthcare provider complete and return all forms labeled *HEALTHCARE PROVIDER COMPLETES THIS FORM.*

Name: _____
Last First MI

Date of Birth: _____ Male Female
Month Day Year

Permanent Address: _____
Street and Number

City State Zip

Home Telephone: (_____) _____ Cell Phone: (_____) _____
Area Code Area Code

Date entering Fisher College: _____ Status: Undergraduate Graduate Transfer

Alternate Emergency Contact

Name: _____
Last First Relationship

Address: _____
Street and Number City State Zip

Home Telephone: (_____) _____ Business Telephone: (_____) _____

POLICY FOR MEDICAL TREATMENT

To be signed by student over 18 years of age:

I understand that Fisher College neither provides nor is responsible for medical treatment.

Signature Date

FOR HEALTH SERVICES USE ONLY

Allergies: _____

- Complete
- Exemption
- TDAP
- Measles titer
- Mumps titer
- Rubella titer
- Hepatitis B titer
- Varicella Titer
- Labs
- PPD
- CXR

Date Received: _____

MA in Counseling Psychology: Immunization Record

HEALTHCARE PROVIDER COMPLETES THIS FORM

Student's Last Name _____ First Name _____ M.I. _____ Date of Birth _____

REQUIRED IMMUNIZATIONS

- Hepatitis B – Lab documentation of confirmed immunity for Hepatitis B (blood titer required)
Date: / /

- Varicella- Lab documentation of confirmed immunity for varicella (chicken pox blood titer required)
Date: / /

- Measles, mumps and rubella – Lab documentation of confirmed immunity to each (3 separate titers;
one blood test for each disease)
Date: / /

- T-DAP – Documentation of immunization within the last 10 years
Date: / /

- TB – must have negative TB test upon acceptance into the program (must be negative; if positive CDC regulations
will be followed)
Date: / /

MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER (Please print)

Name _____ MD,NP, PA,DO Telephone (_____) _____

Address _____ Signature _____

Registration # _____ State _____