2026-2027
IMMUNIZATION HISTORY FORM

WILBRAHAM & MONSON ACADEMY
423 Main Street, Wilbraham, MA 01095 • Tel: 413-596-9130 • Fax: 413-596-3655

Print this form and bring it to your child's physician to complete

Student Name: _____ DOB: _____ mm/dd/yy

VACCINE	Dates Given	Massachusetts State Requirements
MMR MANDATORY	#1 ___/___/___ #2 ___/___/___ OR Positive Titer - Date ___/___/___	2 doses OR positive titers. Minimum of 4 weeks between first dose given after 1st birthday
COVID	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ Please check which COVID-19 was given: ☐ Pfizer ☐ Modema ☐ Johnson & Johnson	***Recommended vaccine***
DTaP/DTP/Td MANDATORY	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___ #5 ___/___/___	5 doses mandatory for school entry. One dose MANDATORY for all students entering grade 7. Boosters every 10 years.
Tdap	#1 ___/___/___	MANDATORY
Polio (IPV/OPV) MANDATORY	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___ #5 ___/___/___	4 doses mandatory for school entry. If 4 doses are given before age 4, then a 5th dose is required.
Menveo or Menactra MANDATORY	#1 ___/___/___ #2 ___/___/___	Grade 7: One does for all students Grade 11: One booster dose on or after age 16
Varicella MANDATORY	#1 ___/___/___ #2 ___/___/___ OR history of disease - Date ___/___/___	2 doses varicella OR positive titer OR history of disease. Minimum of 4 weeks between doses if age 13 or older
Hepatitis B MANDATORY	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ OR Positive Titer HBs Ab Date ___/___/___	3 doses OR positive titer. Minimum 4 weeks between doses 1 and 2. Minimum 3 months between doses 2 and 3
Hepatitis A	#1 ___/___/___ #2 ___/___/___	***Recommended vaccine***
Guardasil/Cervarix	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___	***Recommended vaccine***
Meningococcal B	#1 ___/___/___	***Recommended vaccine***

Tuberculosis Risk Assessment - Required for ALL students

To the best of your knowledge, have you had close contact with anyone who was sick with Tuberculosis? Yes ☐ No ☐

Were you born in a country with high rates of TB? *(most Asian, African and South American countries)* Yes ☐ No ☐

Have you traveled or lived more than a month in one of the countries with a high rate of TB? Yes ☐ No ☐

If a student has had a positive PPD in the past, and has not been treated for latent TB, a chest x-ray is required.
If a student has been treated for latent TB, no further testing is required but the treatment must be documented below.

Treatment for positive PPD? Yes ☐ No ☐ If yes, describe: _____

_____

If you answered YES to any of the above questions, either PPD test (also known as Mantoux) OR Interferon Gamma Release Assay (IGRA) test must be completed within 4 months prior to entering the USA.

PPD (Mantoux) Test: Date read: ___/___/___ (MM/DD/YY) Results: _____ (actual mm or induration, transverse diameter)

IGRA: Positive ☐ Negative ☐ Indeterminate ☐ Date: ___/___/___ (MM/DD/YY)

Chest X-ray (If PPD is positive or IGRA is positive or indeterminate) Results: Normal ☐ Abnormal ☐