

Student Name \_\_\_\_\_  
 Please print: *Last* *First* *Middle*

Home Address \_\_\_\_\_  
 Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth *mm* / *dd* / *yy*

Email Address \_\_\_\_\_ BCC Program:  PTA  MT

**TO THE EXAMINING HEALTH CARE PROVIDER:** Please review and complete this BCC Immunization Report.

Please send completed form to:

Berkshire Community College  
 Immunization and Medical Records Office, Room H323  
 1350 West Street, Pittsfield, MA 01201  
 Phone: 413-236-4609 or Fax: 800-724-9943 or Email: [medicalrecords@berkshirecc.edu](mailto:medicalrecords@berkshirecc.edu)

Immunization Requirements	Reports of Titer
<b>1 HEP B</b>	<b>Hepatitis B</b> proof of positive titer that demonstrates immunity. * Hepatitis B surface antibody <b>HBsAB</b> documentation is required. If immunity is not seen: Complete: 3 series doses of Hepatitis B vaccine on a 0, 1, and 6-month schedule OR 2 series doses of Heplisav-B on 0 and 1-month schedule may be completed.
<b>2 TDaP</b>	T-dap vaccine within 10 years (and every 10 years)
<b>3 MMR</b>	Proof of positive titer that demonstrates immunity. If immunity is not seen, 2 series dose of MMR vaccine.
<b>4 Varicella</b>	Proof of positive titer that demonstrates immunity. If immunity is not seen, 2 series dose Varicella vaccine.
<b>5 TB</b>	<b>Documentation of negative test:</b> Either test below is acceptable. 1. <b>T-Spot or Quantiferon bloodwork results.</b> (Valid for 10 years unless affirmative answers on annual "TB" interview form, then testing may be repeated) 2. <b>Tuberculin Skin Testing report.</b> (Valid for 1 year)
<b>6 Influenza Vaccine</b>	During regular flu season (Oct-March). Declination is only allowed if there is documented allergy and is determined on a case by case basis by the clinical sites.
<b>7 Meningococcal</b>	<b>1 dose:</b> 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16th birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement.
<b>8 Covid Vaccine</b>	<b>COVID</b> vaccine is required for ALL clinical sites. Proof of updated (2023-2024) Covid-19 vaccination may be mandatory depending on clinical site.

Health Care Provider's Signature \_\_\_\_\_

Print Provider's Last Name \_\_\_\_\_ Date \_\_\_\_\_