



IMMUNIZATION RECORD FORM

All students entering Andover Newton Theological School, regardless of age, are required by Massachusetts State Law to show evidence of immunization against **Measles, Rubella, Mumps, Tetanus, Diphtheria, Meningococcal and Hepatitis B** (Note: Td booster must be within the last ten years). This Immunization Form must be completed and signed by a physician or other health professional. (School and military immunization records are acceptable.)

This Immunization Form **must** be submitted in order for you to register for the following: classes, on-leave status, continuing candidacy, or thesis writing.

Name of Student (Please print.) _____ Year of Entry _____

Date of Birth _____ Soc. Security _____

Home Address _____

Physicians: Please place your initials and the date in the appropriate boxes below.

	MMR	Measles	Mumps	Rubella	DPT	DT	TD	Hepatitis B	Menin- goccal
Immunized									
Had Disease									
Tested for Immunity "Titer"									

Physician's or Nurse's Signature _____ Date _____

Physician's Name (Please print.) _____

Address _____

PLEASE RETURN COMPLETED FORM OR SCHOOL OR MILITARY IMMUNIZATION RECORDS TO:

The Registrar
 Andover Newton Theological School
 210 Herrick Rd., Newton Centre, MA 02459-2243
THANK YOU!