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, Varicella and Hepatitis B. 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 within 30 days of registration.

Name of Student (Please print.) ________________________________ Year of Entry___________

Date of Birth _______________  Student ID ____________________

Home Address __________________________________________________________________________

Physicians: Please place your initials and the DATE (not a check mark) in the appropriate boxes below.

<table>
<thead>
<tr>
<th></th>
<th>MMR (2 doses)</th>
<th>Measles</th>
<th>Mumps</th>
<th>Rubella</th>
<th>DPT</th>
<th>DT (every 10 yrs)</th>
<th>TD (1 dose)</th>
<th>Varicella (2 doses)</th>
<th>Students born in US before 1980 are exempt</th>
<th>Menin-gococcal (Vac. or Waiver)</th>
<th>Hep B (3 doses)</th>
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<tbody>
<tr>
<td>Immunized</td>
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<td>Had Disease</td>
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<td>Tested for Immunity “Titer”</td>
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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!