

Massachusetts Department of Public Health  
**CERTIFICATE OF IMMUNIZATION**

**Name:** \_\_\_\_\_

**Date of Birth:**        /        /

**Sex:**     female     male

**If combination vaccine is administered, please indicate vaccine type (e.g., DTaP-Hib, etc.)**

Vaccine	Date/Vaccine Type	Vaccine	Date/Vaccine Type
<b>Hepatitis B</b> <small>(e.g., HepB, HepB-Hib, DTaP-HepB-IPV)</small>	1	<b>Haemophilus influenzae type b</b> (e.g., Hib, HepB-Hib, DTaP-Hib)	1
	2		2
	3		3
	4		
<b>Diphtheria, Tetanus, Pertussis</b> <small>(e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)</small>	1	<b>Measles, Mumps, Rubella</b> (MMR)	1
	2		2
	3	<b>Varicella</b> <small>(Var)</small>	1
	4		2
	5		
	6	<b>Hepatitis A</b> <small>(HepA)</small>	1
	7		2
<b>Polio</b> <small>(e.g., IPV, DTaP-HepB-IPV)</small>	1	<b>Pneumococcal Polysaccharide</b> <small>(PPV23)</small>	1
	2		2
	3	<b>Influenza</b> <small>Inactivated (Intramuscular) or Live (Intranasal)</small>	1
	4		2
<b>Pneumococcal Conjugate</b> <small>(PCV7)</small>	1	<b>Other:</b>	3
	2		
	3		
	4		

Serologic Proof of Immunity		Check One	
(if done)	Date of Test	Positive	Negative
<input type="checkbox"/> Measles	/ /		
<input type="checkbox"/> Mumps	/ /		
<input type="checkbox"/> Rubella	/ /		
<input type="checkbox"/> Varicella*	/ /		
<input type="checkbox"/> Hepatitis B	/ /		

\* Must also check Chickenpox History box.

<u>Chickenpox History</u>
<p style="text-align: center;">Check the box if this person has a physician-certified reliable history of chickenpox.</p> <p>Reliable history may be based on:</p> <ul style="list-style-type: none"> <li>• physician interpretation of parent/guardian description of chickenpox</li> <li>• physical diagnosis of chickenpox, or</li> <li>• serologic proof of immunity</li> </ul>

*I certify that this immunization information was transferred from the above-named individual's medical records.*

**Doctor or nurse's name (please print)** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Facility name:** \_\_\_\_\_

*Please attach additional information as needed for the health and safety of the student.*

MDPH 05/27/05