



History of Immunization

Longy School of Music of Bard College is mandated by Massachusetts law to request that all students present evidence that they are immunized against Hepatitis B, Measles, Mumps, Rubella, Diphtheria, Pertussis, Tetanus and Varicella.

All forms must be sent to the Office of Admission and Student Services by the student’s health care provider.
We will NOT accept forms sent via email, fax or postal mail from any other source.

Please have your physician or doctor’s office send the completed form to the Longy Admission Office through one of the following methods:

Postal Mail:
Longy School of Music of Bard College
Office of Admission and Student Services
27 Garden Street
Cambridge MA 02138

Fax:
617.876.9326
Attn:
Office of Admission and Student Services

Email:
admission@longy.edu
with the subject line:
Forms”

Students who do not comply with the requirements by will be fined \$75 and will not be allowed to register for classes until we receive all relevant documentation.

Students who do not comply with the requirements within 30 days of matriculation will be administratively withdrawn.

This information must be submitted in English. Records in another language will not be accepted.

Student Information

Name:

Last (Family)	First (Given)	Middle
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Permanent Address: _____

City: _____

State and Zip Code: _____

Email: _____

Telephone: _____

Social Security Number: _____

Date of Birth: _____
mm/dd/yyyy

Gender: Female Male Other _____

Emergency Contact Information

Please list the person who should be contacted in case of an emergency.

Emergency Contact Name: _____ Relationship: _____

Current Address:

City: _____ State and Zip Code: _____ Country: _____

Home Phone: _____ Work Phone: _____

Immunization History

Per Massachusetts State Law, immunization requirements for college entry are as follows:

- **Hepatitis B:** 3 doses (This 3 dose series is given over a six month period).
- **Tetanus/Diphtheria/Pertussis:** 1 Tdap booster dose within the past 5 years
- **Measles/Mumps/Rubella:** 2 doses of MMR or 2 doses measles, 1 dose mumps, 1 dose rubella (entering students born prior to 1957 are not required to show proof of immunization to measles, mumps and rubella).
- **Varicella (International Students and US Citizens born after 1980):**
 One of the following is required:
 1) Two doses of Varicella vaccine
 2) Immune Varicella Titer Report
- **Tuberculosis (International Students only):** Please see requirements below.

Immunization	Dose # 1	Dose # 2	Dose # 3	If no date provided please provide laboratory evidence of immunity
Hepatitis B				
Mumps				
Measles				
Rubella				
MMR (Measles/Mumps/Rubella combined vaccination)				
Varicella OR Immune titer (attach lab report)				
Tdap Tetanus/Diphtheria/AcelluarPertussis (within last 5 years)				

Provider's Signature: _____

Date: _____

This section is ONLY for International Students from the countries listed below.

Mantoux Tuberculin Requirement

Country of birth: _____

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

To answer the next two questions, please refer to the following list of countries and territories that have high rates of tuberculosis.

Afghanistan	Côte d'Ivoire	Iraq	Namibia	Solomon Islands
Algeria	Democratic People's	Kazakhstan	Nauru	Somalia
Angola	Republic of	Kenya	Nepal	South Africa
Argentina	Korea	Kiribati	Nicaragua	South Sudan
Armenia	Democratic Republic of	Kuwait	Niger	Sri Lanka
Azerbaijan	the	Kyrgyzstan	Nigeria	Sudan
Bahrain	Congo	Lao People's	Niue	Suriname
Bangladesh	Djibouti	Democratic	Pakistan	Swaziland
Belarus	Dominican Republic	Republic	Palau	Tajikistan
Belize	Ecuador	Latvia	Panama	Thailand
Benin	El Salvador	Lesotho	Papua New Guinea	Timor-Leste
Bhutan	Equatorial Guinea	Liberia	Paraguay	Togo
Bolivia (Plurinational	Eritrea	Libya	Peru	Trinidad and Tobago
State of)	Estonia	Lithuania	Philippines	Tunisia
Bosnia and Herzegovina	Ethiopia	Madagascar	Poland	Turkey
Botswana	Fiji	Malawi	Portugal	Turkmenistan
Brazil	Gabon	Malaysia	Qatar	Tuvalu
Brunei Darussalam	Gambia	Maldives	Republic of Korea	Uganda
Bulgaria	Georgia	Mali	Republic of Moldova	Ukraine
Burkina Faso	Ghana	Marshall Islands	Romania	United Republic of
Burundi	Guatemala	Mauritania	Russian Federation	Tanzania
Cabo Verde	Guinea	Mauritius	Rwanda	Uruguay
Cambodia	Guinea-Bissau	Mexico	Saint Vincent and the	Uzbekistan
Cameroon	Guyana	Micronesia (Federated	Grenadines	Vanuatu
Central African Republic	Haiti	States	Sao Tome and Principe	Venezuela (Bolivarian
Chad	Honduras	of)	Senegal	Republic of)
China	India	Mongolia	Serbia	Viet Nam
Colombia	Indonesia	Morocco	Seychelles	Yemen
Comoros	Iran (Islamic Republic	Mozambique	Sierra Leone	Zambia
Congo	of)	Myanmar	Singapore	Zimbabwe

Were you born in one of the countries on the list above? Yes _____ No _____

Have you traveled or lived for more than one month in any of the countries on the list above? Yes _____ No _____

If you answered yes to **ANY** of the questions above, you are required to submit documentation of a **Mantoux 5TU PPD** test or a **QuantIFERON-TB Gold Assay** test result.

The test must have been performed within 6 months prior to arrival at Longy School of Music of Bard College.

Please Note:

Multiple-puncture TB test are not acceptable (Tine, Heaf, etc.).

History of BCG vaccination is not a contraindication to TB testing.

If YES to any of the above questions:

Mantoux PPD (tuberculin 5TU) test date _____ Results: size of induration _____ mm

If a QuantiFERON-TB Gold assay was performed a copy of the test result must be submitted.

If the student had a **positive** Mantoux PPD or a **positive** QuantiFERON-TB Gold assay, did s/he receive prophylactic medication?

Yes _____ No _____ If yes, dates received: from _____ to _____

If a student has had tuberculosis OR has a positive reaction ($\geq 10\text{mm}$) OR has a known positive PPD, OR has a positive QuantiFERON-TB Gold assay, proof of a chest x-ray taken within **6 months** prior to arrival at the Longy School of Bard College is required. The report must be written in English and attached to this form.

Provider's Signature: _____ Date: _____

Consent

I certify that the above record of immunizations is true and accurate to the best of my knowledge.

Name of health care provider: _____

Signature of health care provider: _____

Signature of student: _____
