

## History of Immunizations

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

All forms must be sent to the Office of Admissions 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 Longy's Office of Admissions through one of the following methods:

**Postal Mail:**

Longy School of Music of Bard  
Office of Admissions  
27 Garden Street  
Cambridge MA 02138

**Fax:**

617.876.9326  
Attn:  
Office of Admissions

**Email:**

[admissions@longy.edu](mailto:admissions@longy.edu)  
with the subject line:  
"Immunization Forms"

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

**Students who do not comply with the requirements within 30 days of matriculation will be administratively withdrawn.**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

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**NOTICE TO HEALTHCARE PROVIDER:  
PLEASE RELEASE IMMUNIZATION RECORDS FOR THE FOLLOWING INDIVIDUAL**

Name:

\_\_\_\_\_

Last (Family)

First (Given)

Middle

Permanent Address:

\_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

mm/dd/yyyy

## 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 6-month period.)
- **Tetanus/Diphtheria/Pertussis:** 1 Tdap booster dose within the past 10 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 (only required for certain students):** Please see requirements on page 3.

Immunization	Dose # 1	Dose # 2	Dose # 3	If no date provided please provide laboratory
Hepatitis B				
Mumps				
Measles				
Rubella				
MMR (Measles/Mumps/Rubella combined vaccination)				
Varicella OR Immune titer (attach lab report)				
Tdap Tetanus/Diphtheria/Acelluar Pertussis (within last 10 years)				

Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This section is required for:**

- **International Students from the countries listed below.**
- **Any student (international or domestic) who has lived or traveled in one of the listed countries for more than one month.**

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

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.

If **YES** to any of the questions on previous page:

**Please note:**

- Multiple puncture TB tests are not acceptable (Tine, Heaf, etc.)
- History of BCG vaccination is not a contraindication to TB testing.

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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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