

**Documentation of Immunizations**

Print Last Name: \_\_\_\_\_ Print First Name: \_\_\_\_\_ Eagle ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**Status (check all that apply):**

Undergraduate

Graduate

Evening

Exchange

Varsity Athlete

**Required Immunizations**

The Commonwealth of Massachusetts and Boston College require full-time undergraduate