



Last Name :

First Name :

Date of Birth : _____ HUID : _____

School : _____

The Commonwealth of Massachusetts and Harvard University require students with an on-campus presence and all students on a visa to be immunized against certain communicable diseases. All dates entered must include month, day, and year. To comply, have this form completed and signed by your healthcare provider. Once completed by provider, student is to enter dates of vaccines and upload all supporting documentation to the [Patient Portal](#) as soon as possible. Documents uploaded less than 10 -15 business in advance of student's registration date, risk not being processed on time for course registration.

Required Vaccine	Dates Given	Harvard and Massachusetts State Requirements
COVID-19 Vaccination	Date #1 _____ Manufacturer _____ Date #2 _____ Manufacturer _____ Date of Booster* _____ Manufacturer _____ *Most recent, if you have one, not required	Documentation of 2, WHO (World Health Organization) or FDA (Federal Drug Administration) approved COVID vaccines. Subject to change based upon public health conditions and guidelines.
Hepatitis B Series of 3 immunizations – a positive serological test (titer) for immunity is acceptable in lieu of immunization.	Date #1 _____ Date #2 _____ Date #3 _____ OR Positive Titer Date: _____ If Twinrix, check here <input type="checkbox"/>	<ul style="list-style-type: none"> • Dose #1: any age • Dose #2: 28 days after dose #1 • Dose #3: at least 8 weeks (56 days) between #2 and #3 There must be at least 16 weeks (112 days) between #1 and #3.
Measles-Mumps-Rubella (MMR) Series of 2 immunizations – a positive serological test (titer) for immunity is accepted in lieu of immunization.	Date #1 _____ Date #2 _____ OR Positive Titer Date: _____	Two immunizations on or after the first birthday (age 1), at least 28 days apart.



Required Vaccine	Date(s) Given	Harvard and Massachusetts State Requirements
Meningococcal Required for students 21 years old and younger.	Date _____ A-C-W-Y strains , strain "B" is not sufficient.	One dose on or after age 16 (required for students age 21 years and younger).
Tetanus/Diphtheria/Pertussis (Tdap) TD does not fulfill this requirement.	Date _____	One dose of Tdap within the last ten years (Harvard requirement)
Varicella Vaccination OR History of Chickenpox Series of 2 immunizations – a positive serological test (titer) for immunity is accepted in lieu of immunization.	Date #1 _____ Date #2 _____ OR Positive Titer Date: _____ Age: _____ OR Date of Disease: _____ Varicella vaccination must have been administered on or after March 1995	<ul style="list-style-type: none"> • Dose #1: on or after the first birthday (age 1) • Dose #2: at least 28 days after dose #1 • OR if born in the USA before 1980, you may waive by initialing here: _____ • Medical record documentation signed by provider required for history of chickenpox illness.

 Signature and stamp of physician/nurse practitioner/physician assistant/school official
PHYSICAL SIGNATURE & STAMP REQUIRED

 Date

The only circumstances under which a student may be exempted from the Massachusetts Immunization Law are as follows:

- **Certification in writing by an examining health care provider who is of the opinion that the student's physical condition is such that their health would be endangered by one or more of the immunizations. The student will be required to submit laboratory evidence of immunity to measles, mumps, and rubella; if not immune, they will have to leave campus in the event of an outbreak; OR**
- **The student states in writing that the required immunizations would conflict with their religious beliefs. It is recommended that they present evidence of immunity, as above. Otherwise, they will have to leave campus in the event of an outbreak.**

Student to complete Student Vaccine Exemption form. The Massachusetts Department of Public Health requires the waiver to be renewed annually.