



# IMMUNIZATION HISTORY AY2025-2026 SUMMER SCHOOL

Last Name :

First Name :

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HUID : \_\_\_\_\_

School : \_\_\_\_\_

The Immunization History Form is to be completed by your healthcare provider. Your healthcare provider must sign, date, and provide their professional signature stamp attesting to the vaccine documentation provided. If you do not have a healthcare provider who can complete this form, you will need to upload official documentation of the vaccines you have received. Official documentation from a hospital, provider’s practice, or any other entity where you received your vaccines should be uploaded to the [Patient Portal](#) in lieu of this form. All documentation must be in English.

Required Vaccine	Date(s) Given	Harvard and Massachusetts State Requirements
<p><b>Hepatitis B</b> Series of three immunizations – a positive serological test (titer) for immunity is acceptable in lieu of immunization; serology documentation must be submitted.</p>	<p>#1 _____ month/day/year</p> <p>#2 _____ month/day/year</p> <p>#3 _____ month/day/year</p> <p>OR Positive Titer Date _____ month/day/year</p> <p>If Twinrix, check here <input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>• Dose #1 – any age</li> <li>• Dose #2- at least 1 month after dose #1 (28 days)</li> <li>• Dose #3- at least 6 months after dose #1 AND at least 2 months after dose #2</li> </ul>
<p><b>Measles-Mumps-Rubella (MMR)</b> Series of two immunizations – a positive serological test (titer) for immunity is acceptable in lieu of immunization; serology documentation must be submitted.</p>	<p>#1 _____ month/day/year</p> <p>#2 _____ month/day/year</p> <p>OR Positive Titer Date _____ month/day/year</p>	<p>Two immunizations on or after the first birthday (age 1) at least 28 days apart.</p>
<p><b>Meningococcal</b> Required for students 21 years old and younger.</p>	<p>_____  month/day/year</p> <p><b>A-C-W-Y strains</b>; strain “B” is not sufficient.</p>	<p>One dose on or after age 16 (required for students aged 21 years and younger).</p>
<p><b>Tetanus/Diphtheria/Pertussis (Tdap)</b> TD does not fulfill this requirement.</p>	<p>_____  month/day/year</p>	<p>One dose of Tdap within the last ten years (Harvard requirement).</p>



Required Vaccine	Date(s) Given	Harvard and Massachusetts State Requirements
<p><b>Varicella Vaccination OR History of Chickenpox</b></p> <p>Series of two immunizations – a positive serological test (titer) for immunity is acceptable in lieu of immunization; serology documentation must be submitted.</p>	<p>#1 _____ month/day/year</p> <p>#2 _____ month/day/year</p> <p>OR Positive Titer Date _____ month/day/year</p> <p>Age _____ OR</p> <p>Date of Disease _____ month/day/year</p> <p>Varicella vaccination must have been administered on or after March 1995.</p>	<ul style="list-style-type: none"> <li>• Dose #1: on or after the first birthday (age 1)</li> <li>• Dose #2: at least 28 days after dose #1</li> <li>• OR if born in the USA before 1980, you may waive by initialing here _____</li> <li>• Medical record documentation signed by provider is required for history of chickenpox illness.</li> </ul>

\_\_\_\_\_  
Signature and stamp of physician/nurse practitioner/physician assistant/school official

\_\_\_\_\_  
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. In the case of an outbreak, the exempted student will be required to submit laboratory evidence of immunity to measles, mumps, and rubella; if not immune, the student will need to leave campus.

**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.

Access the [Student Vaccine Exemption Form](#). The Massachusetts Department of Public Health requires the waiver to be renewed annually if future exemptions are requested.