



IMMUNIZATION HISTORY AY2024-2025

NON-HEALTHCARE & NON-CLINICAL HEALTHCARE PROGRAMS

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 upload all documents 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
<p>Annual Influenza Vaccination</p>	<p>_____</p> <p>month / day / year</p> <p>Manufacturer _____</p> <p>This year's influenza vaccination must be completed after July 1, 2024. Vaccines before 7/1/2024 are not acceptable.</p>	<p>One dose of flu vaccine on or after 7/1/2024 (Harvard requirement).</p> <p>Please upload to the Patient Portal as soon as received.</p>
<p>Hepatitis B</p> <p>Series of 3 immunizations – a positive serological test (titer) for immunity is acceptable in lieu of immunization.</p>	<p>#1 _____ #2 _____</p> <p>month / day / year month / day / year</p> <p>#3 _____</p> <p>month / day / year</p> <p>OR Positive Titer Date: _____</p> <p>month / day / year</p> <p>If Twinrix, check here <input type="checkbox"/></p>	<ul style="list-style-type: none"> • Dose #1: any age • Dose #2: 1 month after dose #1 • Dose #3: at least 6 months after dose #1
<p>Measles-Mumps-Rubella (MMR)</p> <p>Series of 2 immunizations – a positive serological test (titer) for immunity is accepted in lieu of immunization.</p>	<p>#1 _____ #2 _____</p> <p>month / day / year month / day / year</p> <p>OR Positive Titer Date: _____</p> <p>month / day / year</p>	<p>Two immunizations on or after the first birthday (age 1), at least 28 days apart.</p>



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Required Vaccine	Date(s) Given	Harvard and Massachusetts State Requirements
<p>Meningococcal Required for students 21 years old and younger.</p>	<p>_____ month / day / year</p> <p>A-C-W-Y strains, strain "B" is not sufficient.</p>	<p>One dose on or after age 16 (required for students age 21 years and younger).</p>
<p>Tetanus/Diphtheria/Pertussis (Tdap) 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>
<p>Varicella Vaccination OR History of Chickenpox Series of 2 immunizations – a positive serological test (titer) for immunity is accepted in lieu of immunization.</p>	<p>#1 _____ #2 _____ month / day / year 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"> • 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.

Strongly Recommended Vaccine	Date(s) Given	Massachusetts State Recommends
Gardasil (HPV)		3 doses over 6 months.
Hepatitis A		2 doses. Dose #2, 6 months after dose #1.
Polio (most recent dose)		Booster dose of injected polio vaccine following completion of primary series
Travel-Related		



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Strongly Recommended Vaccine	Date(s) Given	Massachusetts State Recommends
TB SkinTest/Blood Test	Date: _____ month / year Negative <input type="checkbox"/> Positive <input type="checkbox"/>	Baseline history.
Typhoid	Oral <input type="checkbox"/> IM <input type="checkbox"/>	Repeat series every: • 5 years-Oral • 3 years-IM
Yellow Fever		Repeat vaccination every 10 years.

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.