



# HARVARD UNIVERSITY

## Health Services

Dear Harvard Student,

On behalf of Harvard University Health Services, welcome to Harvard!

As a student, you must meet Massachusetts' immunization requirements. **Non-submission and/or missing required immunizations will place a hold on your account and you will not be able to register for classes.**

We understand that this process can feel overwhelming, so we've outlined the steps you need to take to ensure that your immunization records are submitted to us in a seamless and timely fashion. Please see below for detailed instructions and additional information.

### INSTRUCTIONS TO DOWNLOAD AND PRINT IMMUNIZATION FORMS

**Step 1:** Visit <https://huhs.harvard.edu/health-forms-topics/forms>, find your school, and click the pdf link provided.

**Step 2:** Upload completed forms on the HUHS patient portal at <https://huhs.harvard.edu/patient-portal> once your Harvard Key is available, and enter dates for all required immunizations (see page 2 for actions to be taken).

Uploading the forms and entering the dates is the preferred method; however, if you are unable to upload your forms to the portal, you may submit via mail or fax (please select only **ONE** way):

**Mail:** HUHS, Health Information Services  
75 Mt. Auburn Street, Cambridge, MA 02138  
**Fax:** (617) 495-8077

### SUBMISSION DEADLINES

**Fall term matriculation:** June 14, 2019

**Spring term matriculation:** January 6, 2020

Please note, immunization verification processing can take a minimum of 2 weeks to process. Log into the [patient portal](#) to check the status of your submission.

### WHERE TO GET YOUR IMMUNIZATIONS

Many private health plans cover the cost of immunizations, so it's recommended that you receive your required immunizations before you arrive at Harvard. If you are unable to obtain these prior to your arrival on campus, you may arrange to get immunizations at various locations in the area, including Harvard University Health Services (HUHS). Please note that your health plan may not cover immunizations you receive at HUHS, in which case you will be responsible for the cost of the immunizations.

### ADDITIONAL QUESTIONS?

For general immunization questions, please contact HUHS Health Information Services at [mrecords@huhs.harvard.edu](mailto:mrecords@huhs.harvard.edu) or (617) 495-2055.

Wishing you the best of health,

Paul J. Barreira, M.D.  
Director, Harvard University Health Services  
Henry K. Oliver Professor of Hygiene



**Student Immunization Forms – 2019-2020**

**Included in this packet are the following forms:**

<b>Form</b>	<b>Action</b>
1. Immunization History/ Health Care Provider's Report	To be completed and signed by your doctor. Upon completion, upload signed document and enter your immunization dates into the patient portal.
2. Tuberculosis screening	To be completed and signed by your doctor. Upon completion, upload signed document to the patient portal.
3. Medical history	To be entered by the student in the patient portal.
4. Personal information	
5. Meningococcal Fact Sheet	Informational only. To be read.
6. MIIS Information Sheet	

*Please note, immunization verification processing can take a minimum of 2 weeks to process.  
Log into the patient portal at <https://huhs.harvard.edu/patient-portal> to check the status of your  
submission.*

Harvard University Health Services  
Health Information Services/Medical Records – TRANSFER  
75 Mt. Auburn Street, Cambridge, MA 02138  
[mrecords@huhs.harvard.edu](mailto:mrecords@huhs.harvard.edu)

**IMMUNIZATION HISTORY**  
**School – TRANSFER**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last, First

The Commonwealth of Massachusetts and Harvard University require full-time students and all students on a visa to be immunized against certain communicable diseases. All dates must include month, day, and year. To comply, have this form completed and signed by your health care provider and submitted to the above address or via fax at (617) 495-8077 as soon as possible and no later than June 14, 2019.

Required Vaccine	Dates Given	Harvard and Massachusetts State Requirements
<b>Measles-Mumps-Rubella (MMR)</b> If administered separately or positive titers obtained record below	#1 ___/___/___ #2 ___/___/___ month day year month day year	Two immunizations on or after the first birthday, at least 30 days apart in 1967 or later
<b>Measles (Rubeola)</b>	Positive Titer Date: ___/___/___ OR Date Given #1: ___/___/___ #2 ___/___/___ month day year month day year	Positive titer or two doses
<b>Mumps</b>	Positive Titer Date: ___/___/___ OR Date Given #1: ___/___/___ #2 ___/___/___ month day year month day year	Positive titer or two doses
<b>Rubella (German Measles)</b>	Positive Titer Date: ___/___/___ OR Date Given #1: ___/___/___ #2 ___/___/___ month day year month day year	Positive titer or two doses
<b>Tetanus/Diphtheria/Pertussis (Tdap)</b>	___/___/___ month day year	One dose of Tdap After 1/1/2010 (Harvard requirement)
<b>Hepatitis B</b> Series of 3 immunizations – a positive Serological test for immunity is acceptable in lieu of immunization	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ month day year month day year month day year  OR Positive Titer Date: ___/___/___ If Twinrix check here [ ] month day year	Massachusetts Approved Schedule for Hepatitis B administration: Dose #1 any age Dose #2 30 days after dose #1 Dose #3 Six months after dose #1
<b>Varicella Vaccination</b> A positive Serological test for immunity is acceptable in lieu of immunization.	#1 ___/___/___ #2 ___/___/___ OR If born in the USA month day year month day year before 1980 may OR Positive Titer Date: ___/___/___ waive by initialing month day year here: _____	Massachusetts approved schedule for Varicella administration: two doses on or after the first birthday, at least 30 days apart, after 3/1/1995
OR History of Chickenpox	Age: _____ or Date of Disease: ___/___/___	
<b>Meningococcal</b>	___/___/___ OR May waive if not a Harvard Undergrad month day year by signing and submitting waiver form provided.	One dose administered within the last 5 years after 6/1/2014
<b>Strongly Recommended:</b>	<b>Date(s) Given:</b>	<b>Mass State Recommends:</b>
<b>TB Skin Test:</b> circle result	<b>Date:</b> <b>mm</b> <b>Negative</b> <b>Positive</b>	Baseline history.
<b>Gardasil (HPV)</b>		3 doses over 6 months.
<b>Travel-Related</b>		
<b>Polio (most recent dose):</b>		Booster dose of injected polio vaccine following completion of primary series
<b>Yellow Fever:</b>		Repeat vaccination every 10 years
<b>Typhoid:</b> circle type	<b>Oral:</b> <b>IM:</b>	Repeat series every: 5 years-Oral, 3 years IM
<b>Hepatitis A:</b>		2 doses. Dose #2, 6 months after dose #1

X \_\_\_\_\_  
Signature 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 his/her 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 he/she will have to leave campus in the event of an outbreak; OR

°The student states in writing that the required immunizations would conflict with his/her religious beliefs. It is recommended that he/she present evidence of immunity, as above. Otherwise he/she 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.

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**HEALTH CARE PROVIDER'S REPORT**  
**School – TRANSFER**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last, First

The above named student has been admitted to Harvard University. While in attendance at Harvard, he/she may be eligible for and receive health care services at Harvard University Health Services (HUHS). It will be extremely helpful for HUHS to have knowledge of his/her current and past medical history. **In addition, his/her Immunization history must be up to date as defined by Massachusetts law. Any questions regarding the law may be addressed to (617) 495-2055. Please complete, sign and submit to the above address no later than June 14, 2019.**

1. Date of Physical Exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (must be within 12 months prior to registration).
2. Has he/she suffered any major illnesses or injury in the past of which we should be aware?
3. Is he/she currently under treatment? Please include the names and contact numbers for any outside health providers with whom we may need to consult.
4. Abnormal laboratory, radiology, physical findings (e.g. Pap smear, mammogram, heart murmur)?
5. Emotional issues (e.g. depression, eating disorder)?
6. Any contraindication to contact or non-contact sports?
7. What recommendations do you have for his/her medical supervision? We would appreciate your sending any reports that would help us care for the patient needing continuing care or monitoring.

\_\_\_\_\_  
Signature of health care provider

\_\_\_\_\_  
Phone number of practice

\_\_\_\_\_  
Date

Complete sections A and B. If you answer yes to any questions, please have your health care provider complete section C.  
Form must be signed and returned to above address by June 14, 2019.

Name (please print): \_\_\_\_\_ Harvard ID#: \_\_\_\_\_  
Last First MI

Country of Birth: \_\_\_\_\_ Year arrived in US: \_\_\_\_\_

**SECTION A: History of Tuberculosis (TB)?**

1. Have you ever been sick with tuberculosis? YES  NO   
2. Have you ever had a positive PPD, TB Quantiferon test, or T-SPOT? YES  NO

**SECTION B: At Risk for Tuberculosis (TB)?**

1. Are you currently in a health-related academic program/major? YES  NO   
2. Were you born in, or have you lived, worked or visited for more than one month in any of the following:  
Asia, Africa, South America, Central America or Eastern Europe? YES  NO   
If yes, what country? \_\_\_\_\_ How long? \_\_\_\_\_  
Reason (please circle) Born there Tourist Work School Other \_\_\_\_\_  
3. Have you had HIV infection, AIDS, diabetes, leukemia, lymphoma or a chronic immune disorder? YES  NO   
4. Do any of the following conditions or situations apply to you?  
a) Do you have a persistent cough? (3 weeks or more), fever, night sweats, fatigue, loss of appetite, or weight loss? YES  NO   
b) Have you ever lived with or been in close contact to a person known or suspected of being sick with TB? YES  NO   
c) Have you ever lived, worked, or volunteered in any homeless shelter, prison/jail, hospital or drug rehabilitation unit, nursing home or residential healthcare facility? YES  NO

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

If you answered no to all of the above questions, skip Section C, you are done.

***If you answered yes to any of the above questions, your health care provider must complete Section C below.***

**SECTION C: ATTENTION HEALTH CARE PROVIDER:** If patient answered YES to any of the above questions, proof of a PPD, QuantiFERON –TB Gold or T-SPOT is REQUIRED. If PPD results are 10mm or more, or QuantiFERON-TB Gold or T-SPOT are positive a chest x-ray is REQUIRED. Testing and/or chest x-ray must be done within one calendar year prior to admittance (unless history of positive PPD). If student has history of positive PPD, chest x-ray is required. History of BCG vaccination does not prevent testing of a member of a high risk group.

PPD: Date placed \_\_\_\_\_ Date read \_\_\_\_\_ # of mm induration \_\_\_\_\_

QuantiFERON-TB Gold or T-SPOT: Result Date \_\_\_\_\_ Result (attach lab report) \_\_\_\_\_

Date of chest x-ray \_\_\_\_\_ Result \_\_\_\_\_

If negative CXR and positive PPD, did student complete a course of INH? YES  NO   
If yes, when \_\_\_\_\_ (months & year) and for how many months did student take INH? \_\_\_\_\_ (# of months)

**PROVIDER INFORMATION REQUIRED**

\_\_\_\_\_  
Signature of health care provider Phone number of practice Date

# Meningococcal Disease

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## What is meningococcal disease?

Meningococcal disease occurs with infections due to the bacterium, *Neisseria meningitidis*. There are two major types of meningococcal disease: Meningococcal meningitis and meningococemia. Meningococcal meningitis is an infection of the tissue (called the “meninges”) that surrounds the brain and spinal cord. Meningococemia is an infection of the blood and may also involve other parts of the body.

## What are *Neisseria meningitidis*?

*Neisseria meningitidis* are bacteria that may be found normally in people’s throats and noses. About 5 to 15% of people carry these bacteria and do not get sick from them. These people may be called “carriers.” Carriers only have bacteria for a short time. Usually, the bacteria go away and these people may have increased resistance to infection in the future. In rare cases, the bacteria may get into the blood and go to the tissue surrounding the spinal cord and brain, causing severe illness.

## How are the bacteria spread?

The bacteria are spread from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils, or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

## How is meningococcal disease diagnosed?

Persons showing signs and symptoms of illness are diagnosed by growing the bacteria from their spinal fluid (meningitis) or blood (meningococemia) in the laboratory. It may take up to 72 hours to have test results. Sometimes an earlier diagnosis can be made by looking at a person’s spinal fluid under a microscope. Often a preliminary diagnosis is made on the basis of signs and symptoms before laboratory results are available.

## What are the signs and symptoms of illness?

### **Meningococcal meningitis:**

Signs and symptoms of meningitis include sudden onset of high fever, stiff neck, headache, nausea, vomiting, and/or mental confusion. Changes in behavior such as confusion, sleepiness, and being hard to wake up are important symptoms of this illness. A rash may be present, often involving the hands and feet. In babies, the only signs of this illness may be acting more tired than usual, acting more irritable than usual, and eating less than usual. Babies with meningitis will usually have a fever, but this is not a reliable sign of illness. Anyone who has these symptoms should be seen by a health care provider right away.

### **Meningococemia:**

Signs and symptoms of meningococemia include a sudden onset of fever, chills, and feeling unusually weak and tired. A rash may be present, often on the hands and feet. Anyone who has these symptoms should be seen by a health care provider right away.



## How are these illnesses treated?

Antibiotics are used to treat people with both meningococcal meningitis and meningococemia. People who have had close contact with the sick person any time during the two weeks before she/he became ill may also need to take antibiotics. Preventive treatment of all close contacts should be started as soon as possible but ideally within 24 hours of identifying the case.

## Why do close contacts of a sick person need to be treated?

Close contacts of a person who has meningococcal disease are treated with antibiotics because the disease-causing bacteria may be spread from the infected person to other people through contact with the saliva (spit) of the infected person. The antibiotics will kill the bacteria and prevent illness.

## Is there a vaccine to protect me from getting sick?

Yes, there are 3 different meningococcal vaccines.

- Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (subgroups), A, C, W, and Y, of meningococcal disease. It is recommended for all children 11-12 years of age and for some younger children with certain health conditions like asplenia (including sickle cell disease), or prior to travel to certain parts of the world where meningococcal disease is common. A second dose of meningococcal conjugate vaccine is routinely recommended at 16 years of age. Adolescents and young adults who have not been vaccinated according to routine recommendations should talk to their healthcare provider about vaccination according to the “catch up” schedule.

College freshmen, military recruits and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive meningococcal conjugate vaccine.

- Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. It is recommended for people with certain relatively rare high-risk health conditions age 10 or older (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency, microbiologists working with *N. meningitidis*, and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.
- Quadrivalent meningococcal polysaccharide vaccine (Menomune) also protects against 4 types (A, C, W, Y) of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. It is recommended for people with certain high-risk conditions 56 years of age and older.

If you have questions about whether or not you or your child should receive any of these vaccines, talk to your healthcare provider.





## Are students required to get meningococcal vaccine?

Massachusetts law requires newly enrolled full-time students attending colleges and schools with grades 9-12, who will be living in a dormitory or other congregate housing, licensed or approved by the school or college, to receive a dose of quadrivalent meningococcal vaccine. These students must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine. Immunizations should be obtained prior to enrollment or registration; however, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration. There is no requirement for meningococcal B vaccination. The law contains exemptions. More information may be found in the MDPH documents “*Meningococcal Disease and College Students*” and “*Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges.*”

**MDPH strongly recommends two doses of quadrivalent meningococcal conjugate vaccine for all adolescents: a first dose at age 11 through 12 years, with a second dose at 16 years.** While not required, MDPH strongly recommends that anyone up to 21 years of age who is entering college receive a second dose of quadrivalent meningococcal conjugate vaccine if their first dose was received before their 16<sup>th</sup> birthday, particularly if they are new residential students. College students who do not live in campus-related housing and want to reduce their risk for meningococcal disease may also choose to be vaccinated, though it is not required. Adolescents and young adults (16 through 23 years of age) **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.

## What should I do if I have had contact with a person who has meningococcal disease?

If you have had close contact with a person who has been diagnosed with meningococcal disease you should call your health care provider and get an antibiotic. If you have had contact with an ill person, but have not had close contact, you should be aware of the symptoms of illness and contact your health care provider right away if you have any of these symptoms.

## Are there times when I would not have to take antibiotics after close contact with a sick person with meningitis?

Yes. Meningitis can be caused by many different types of germs, including other bacteria and viruses. Only certain types of meningitis require treatment of the infected person’s close contacts. If you have questions about meningitis or your exposure to a sick person, contact your health care provider.

## Where can I get more information?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <http://www.mass.gov/dph/>
- Your local health department (listed in the phone book under government)







## What You Should Know About Sharing Your Immunization Information

Harvard University Health Services (HUHS) is required by law to participate in the Massachusetts Immunization Information System (MIIS). The MIIS immunization registry (M.G.L.c. 111, Section 24M), is a confidential, electronic system that collects and stores vaccination records for Massachusetts residents of all ages. The immunization program is operated by the Massachusetts Department of Public Health and is designed to help you, along with your health care providers, schools, and childcare centers, to keep track of the vaccinations that you and/or your family members have received.

### **Why is the MIIS important?**

The schedule of vaccinations that you need to stay healthy and that are required for you becomes more complicated with every new vaccine introduced. Keeping all of your vaccine records in one place helps to make sure that you get the complete schedule of immunizations – no more and no less. The registry allows secure yet easy access to your immunization information for all other Massachusetts clinicians outside of HUHS in the event of a referral or emergency.

### **What information about me will be entered into the MIIS?**

All residents of Massachusetts, including Harvard University students, will have their vaccine information (both historical and newly given by HUHS clinicians), entered into the MIIS. Your name, address, gender, date of birth, and the health care provider's location will be entered to identify you within the MIIS. All the information given through the MIIS is secure and confidential.

### **What does it mean if I do not want to participate in the MIIS?**

By state law, your immunization information will be sent to the MIIS. Massachusetts' residents have the right to limit who may see their or their child's information in the MIIS. If you prefer that your or your child's immunization history **not** be shared with other healthcare providers who use the MIIS, you must complete the "MIIS Objection (or Withdrawal of Objection) Form" ([mass.gov/eohhs/docs/dph/cdc/immunization/miis-objection-form.pdf](http://mass.gov/eohhs/docs/dph/cdc/immunization/miis-objection-form.pdf)). If at any point you change your mind, you can fill out this same form to withdraw your objection and allow your information to be shared in the MIIS with other health care

### **For more information about this process at HUHS or to receive/submit the objection form, please contact:**

HUHS Health Information Services/Medical Records  
75 Mt. Auburn Street, 6<sup>th</sup> Floor  
Cambridge, MA 02138  
Phone: (617) 495-2055  
Fax: (617) 495-8077

### **For more information about the MIIS, visit:**

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/miis/public-health-cdc-miis-info-parents-and-patients.html>