



# Harvard University Extension School

Division of Continuing Education

Registrar's Office, 51 Brattle Street, Cambridge, Massachusetts 02138-3722 • Fax: (617) 496-4181 • immunizations@dcemail.harvard.edu

## 2009–10 Certificate of Immunization

Commonwealth of Massachusetts regulations and Harvard University require students attending the Extension School while on visas and students enrolled full time (14 credits) to be immunized against certain communicable diseases. To comply, have this form completed by your health-care provider and submit it as soon as possible and no later than the Friday before classes begin to Immunizations, c/o Registrar's Office, Harvard Extension School, 51 Brattle Street, Cambridge, MA 02138-3722 USA; fax to (617) 496-4181; or e-mail immunizations@dcemail.harvard.edu. All information must be submitted in English. Please keep a copy of this form for your records.

Please clearly print all information.

Legal name (as it appears on your passport)		
Last (family name)	First	Middle

DCE ID NUMBER (if known)									
@									

(see www.extension.harvard.edu/login if unsure)

Date of birth (example: JUN 09 1990)						

Month (mmm) Day (dd) Year (yyyy)

Sex
<input type="checkbox"/> Male
<input type="checkbox"/> Female

**Required immunizations:** Please record the date of immunizations, boosters, or tests. Please print clearly.

- This is the **first time** I am submitting this form to the Harvard Extension School for year 2009–10.
- I have **new information** to add to the form I submitted previously to the Harvard Extension School for year 2009–10. (Students: Please circle the information that is new. Do not resubmit this form unless you have new information.)

<b>Measles–Mumps–Rubella (MMR)</b> TWO immunizations on or after the first birthday, at least 30 days apart, in 1967 or later (combined as MMR or separately)	First MMR: ____/____/____ month day year	Second MMR: ____/____/____ month day year
If administered separately, record below:		
<b>Measles (Rubeola)</b> TWO live immunizations as described above	First: ____/____/____ month day year	Second: ____/____/____ month day year
<b>German Measles (Rubella)</b> TWO immunizations as described above	First: ____/____/____ month day year	Second: ____/____/____ month day year
<b>Mumps</b> TWO immunizations as described above	First: ____/____/____ month day year	Second: ____/____/____ month day year
<b>Tetanus-Diphtheria</b> One booster within the last ten years (in 2000 or later)	____/____/____ month day year	
<b>Hepatitis B series</b> Three immunizations, the first and second of which must be at least 30 days apart; the third must be at least two months after the second and four months after the first.	First: ____/____/____ month day year	Second: ____/____/____ month day year
	Third: ____/____/____ month day year	
<b>Meningococcal vaccine</b> (Must be within the last 5 years if not Menactra.) The student may waive this requirement. To do so, the waiver form (available from the Extension School website) must be signed and submitted along with this form.	____/____/____ month day year	
	<input type="checkbox"/> Menactra <input type="checkbox"/> Menomune <input type="checkbox"/> Other	
	<input type="checkbox"/> I am waiving the requirement for Meningococcal vaccine and have signed and attached the waiver form.	

Required signature of licensed physician or medical records official \_\_\_\_\_ Please print name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone number (including area/country code) \_\_\_\_\_

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

- The student provides written certification by an examining physician that the student's health would be endangered by one or more of the immunizations. In this case, the student will be required to submit laboratory evidence of immunity to measles, mumps, and rubella; if not immune, the student will be excluded from classes in the event of an outbreak; OR
- The student states in writing that the required immunizations would conflict with his or her religious beliefs. It is recommended that he or she present evidence of immunity, as above. Otherwise the student will be excluded from classes in the event of an outbreak.