2018–19 Immunization Requirements

Commonwealth of Massachusetts and Harvard University regulations require students attending classes on campus who are enrolled full time (16 credits) in the Extension School or on visas of any kind to be immunized against certain communicable diseases. To comply, have the Certificate of Immunization completed by your healthcare provider or medical records official and submit it to the Registrar’s Office by uploading in Online Services (preferred), fax, or mail, as soon as possible and no later than the Friday before classes begin.

The only circumstances under which a student may be exempted from these 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 must submit laboratory evidence of immunity to measles, mumps, rubella, and varicella (chickenpox); if the student is not immune, the student will be excluded from classes in the event of an outbreak; OR

• The student provides a signed written statement that the required immunizations would conflict with his or her religious beliefs. It is recommended that he or she present evidence of immunity through laboratory testing as above. Otherwise the student will be excluded from classes in the event of an outbreak. Please note: parents (including parents of minors) may not submit requests for religious exemptions on behalf of the student. The student must provide a signed statement on his or her own behalf.

Frequently Asked Questions

How can I find out if my documents were accepted?

Check the status of your immunization documents by logging in to Online Services at extension.harvard.edu/login and choosing “Student Information and Status” from the Student Main Menu.

What if I don’t have enough time to complete the full series of the MMR, Hepatitis B, or Varicella vaccinations?

For immunizations requiring more than one inoculation (such as Measles, Mumps, Rubella, Hepatitis B, and Varicella), you must submit proof that you have begun the series and had as many of the inoculations (shots) as possible within the time frame/schedule specified on the Extension School Immunization Form. In this case, you are considered to be in compliance with the requirements for the current term.

My mother knows the dates I received my shots. Can she sign the form?

All immunization documentation and information must be certified by a healthcare provider or a medical records official. We cannot accept self-reported immunization information.

What if my doctor does not know the exact date I received the shot or does not have record of it?

Without the full dates of your vaccinations (including month, day, and year), your immunization history does not comply with Massachusetts and Harvard University regulations and your documentation cannot be accepted. If you cannot provide documentation of each required immunization, there are several of the diseases for which you can have a blood test that will show whether or not you are immune to them (measles, mumps, rubella, hepatitis B, and varicella). You would need to provide the Extension School with the proof of such tests. For the diseases that do not allow blood tests, you must take the immunizations again and provide the proof.

Can I submit other immunization records instead of the Extension School Certificate of Immunization form?

You may submit alternate documentation instead of the Extension School immunization form—such as a copy of your immunization records from another school you attended or a copy of your personal immunization card. This documentation MUST satisfy the following requirements:

• It must be in English.

• It must include the full dates of each immunization (i.e. month, day, and year).

• It must be certified by a healthcare provider or medical records official.

• It must demonstrate compliance with the Massachusetts and Harvard University immunizations regulations.

Alternate documentation that does not fulfill these requirements will not be accepted.

Do I need to complete a whole new form to submit any additional/updated shot information?

You should submit a new form, but should include only the NEW information. Check the box marked, “I have new information to add to the form I submitted earlier this term.” Lastly, the signature of your health-care provider or medical records official cannot be earlier than the date of your most recent vaccination in order for your form to be accepted.

Please submit this completed form as soon as possible and no later than the Friday before your classes begin.
One month = 28 days

Certificate of Immunization: 2018–19

Please keep a copy of this form for your records.

☐ This is the first time I am submitting for this term OR ☐ I have new information to add to the form I submitted earlier this term (circle the new information)

Please clearly print all information. All information must be submitted in English.

STUDENT FULL LEGAL NAME (exactly as printed on your passport or other government-issued photo identification)

DCE ID NUMBER (if known) OR HARVARD ID NUMBER

DATE OF BIRTH example: Month Day Year

GENDER ☐ Male ☐ Female

Address Telephone number (including area/country code)

Last/Family/Sur name(s) First/Given name(s) Middle name(s)

Last/Family/Sur name(s) First/Given name(s) Middle name(s)

Student Full Legal Name

HEALTH-CARE PROVIDER OR MEDICAL RECORDS OFFICIAL

Date (must be on or after most recent vaccination/test date)

Required immunizations

Measles–Mumps–Rubella (MMR). TWO immunizations on or after the first birthday (1 year old), at least 1 month* apart, in 1967 or later

First MMR: Month Day Year

Second MMR: Month Day Year

German Measles (Rubella). TWO immunizations as described above

First: Month Day Year

Second: Month Day Year

Mumps. TWO immunizations as described above

First: Month Day Year

Second: Month Day Year

Exemption from MMR injection only if:

☐ A positive serological test (titer) for immunity to any of the above diseases is acceptable instead of immunizations (a history of the disease is not acceptable);

Positive MEASLES titer: Month Day Year

Positive RUBELLA titer: Month Day Year

Positive MUMPS titer: Month Day Year

OR ☐ if born in the US before 1957

Varicella (Chickenpox). TWO immunizations on or after the first birthday (1 year old), at least 1 month* apart, on 01-MAR-1995 or later

Exemption from Varicella injection only if:

☐ A positive serological test (titer) for immunity to Varicella or a certified history of the disease is acceptable instead of immunizations:

Positive VARICELLA titer: Month Day Year

OR ☐ if born in the US before 1980

Pertussis-Tetanus-Diphtheria. ONE dose of “Tdap” on 1-JAN-2008 or later. Vaccine must be Adacel, Boostrix, Repevax, or ADULT acellular pertussis booster. No other vaccines can be accepted.

First: Month Day Year

Second: Month Day Year

Hepatitis B. THREE immunizations, the first and second of which must be at least 1 month* apart; the third must be at least 2 months* after the second and at least 4 months* after the first. If Twinrix, check here: ☐

First: Month Day Year

Second: Month Day Year

Third: Month Day Year

OR Positive serological test

Positive Hepatitis B antibody: Month Day Year

Meningococcal Disease. Must be within the last 5 years. Students may waive this requirement by signing and submitting the waiver form along with this form.

☐ I am waiving the requirement for the Meningococcal vaccine AND I have signed and attached the waiver form (available on the Extension School website)

Strongly Recommended test: Tuberculosis. Please provide results of tuberculin skin test (TST). Include measurement in millimeters of induration. Indicate positive or negative diagnosis.

Induration size mm

Date read Month Day Year

Diagnosis at time of reading ☐ Positive ☐ Negative

* One month = 28 days