



# HARVARD EXTENSION SCHOOL

Division of Continuing Education

Registrar's Office, 51 Brattle Street, Cambridge, Massachusetts 02138-3722 • Fax: (617) 998-8468 • immunizations@dcemail.harvard.edu

## 2016–17 Immunization Requirements

Commonwealth of Massachusetts and Harvard University regulations require students enrolled full time (16 credits) in the Extension School and those attending while on visas of any kind to be immunized against certain communicable diseases. To comply, have the Certificate of Immunization completed by your health-care provider or medical records official and submit it to the Registrar's Office by email, 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

**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, rubella, mumps, 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 health-care 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 health-care 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.**



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## Certificate of Immunization: 2016–17

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

<b>DCE ID NUMBER</b> (if known) @	OR	<b>HARVARD ID NUMBER</b>	<b>DATE OF BIRTH</b> example: <u>J</u> <u>A</u> <u>N</u> <u>0</u> <u>1</u> <u>1</u> <u>9</u> <u>9</u> <u>4</u>	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
(see www.extension.harvard.edu/login if unsure)			Month (MMM) Day (DD) Year (YYYY)	

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

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

<b>First MMR:</b> ___/___/___ Month Day Year	<b>If administered separately, record below:</b>	<b>Measles (Rubeola). TWO immunizations</b> as described above	<b>First:</b> ___/___/___ Month Day Year	<b>Second:</b> ___/___/___ Month Day Year
<b>Second MMR:</b> ___/___/___ Month Day Year		<b>German Measles (Rubella). TWO immunizations</b> as described above	<b>First:</b> ___/___/___ Month Day Year	<b>Second:</b> ___/___/___ Month Day Year
		<b>Mumps. TWO immunizations</b> as described above	<b>First:</b> ___/___/___ Month Day Year	<b>Second:</b> ___/___/___ 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):  
**Dates required:** Positive MEASLES titer: \_\_\_/\_\_\_/\_\_\_ Positive RUBELLA titer: \_\_\_/\_\_\_/\_\_\_ Positive MUMPS titer: \_\_\_/\_\_\_/\_\_\_  
 Month Day Year Month Day Year 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

<b>First:</b> ___/___/___ Month Day Year	<b>Second:</b> ___/___/___ Month Day Year
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**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:  
**Dates required:** Positive VARICELLA titer: \_\_\_/\_\_\_/\_\_\_ OR Age at infection: \_\_\_ OR Date of disease: \_\_\_/\_\_\_/\_\_\_  
 Month Day Year Month Day Year  
**OR**  if born in the US before 1980

**Pertussis-Tetanus-Diphtheria. ONE dose of "Tdap"** on 1-JAN-2005 or later. Vaccine must be Adacel, Boostrix, Repevax, or ADULT acellular pertussis booster. No other vaccines can be accepted.

\_\_\_/\_\_\_/\_\_\_  
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:

<b>First:</b> ___/___/___ Month Day Year	<b>Second:</b> ___/___/___ Month Day Year	<b>Third:</b> ___/___/___ Month Day Year
<b>OR</b> 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)

\_\_\_/\_\_\_/\_\_\_  
Month Day Year

<b>Strongly Recommended test: Tuberculosis.</b> 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 <input type="checkbox"/> Positive <input type="checkbox"/> Negative
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\* One month = 28 days

HEALTH-CARE PROVIDER OR MEDICAL RECORDS OFFICIAL		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)
Address		Telephone number (including area/country code)

<b>REQUIRED SIGNATURE OF HEALTH-CARE PROVIDER OR MEDICAL RECORDS OFFICIAL</b>	<b>DATE</b> (must be on or after most recent vaccination/test date) ___/___/___ month day year
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