



2019 Immunization Requirements

Commonwealth of Massachusetts and Harvard University regulations require students attending Summer School while in the United States on visas of any kind, including the visa waiver program or similar entry programs established between the U.S. and other foreign countries, and all students (including US citizens) who will be living in Summer School housing to be immunized against certain communicable diseases. To comply, please have this 2019 Immunization Form completed by your health care provider or medical records official and **submit it by uploading in [Online Services](#) (Document Management)**.

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 submit a complete immunization record before I arrive at Harvard?

We strongly encourage you to receive any required immunizations before you arrive at Harvard, as many health insurance plans will cover the costs of immunizations. 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. If you have not demonstrated compliance with Massachusetts and Harvard University immunization requirements by the deadline, you will receive further instructions when you arrive at opening weekend check in, and you will be required to report to Harvard University Health Services (HUHS); **wait times are two hours or more.**

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 Summer School Immunization Form. In this case, you are considered to be in compliance with the requirements for the current summer 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.

Can I submit a form from another school or from my Au Pair program instead of the Summer School Immunization Form?

You may submit alternate documentation 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.

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 Summer 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.

Do I need to complete a whole new form to submit my 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 summer." 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.

How do I know if you have accepted my documentation and completed the requirement?

Check the status of your immunization certification by logging in to online services at www.summer.harvard.edu/login/ and choose [Student Information and Status](#) from the main menu.

I'm at school all day. Is it OK if my mother/father calls to find out which shots I'm missing?

The Family Educational Rights and Privacy Act (FERPA), prohibits us from sharing this type of information with anyone except you, the student. You may check the status of your immunization certification by logging in to online services at www.summer.harvard.edu/login/ and choose [Student Information and Status](#) from the main menu.

Please submit this form by uploading in [Online Services](#) (Document Management) as soon as possible and no later than Friday, May 24, 2019.

Please keep a copy of this form for your own records.



2019 Immunization Form

Please clearly print all information

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)
DCE ID NUMBER (if known)		HARVARD ID NUMBER	DATE OF BIRTH example: JAN 01 1994
@			<input type="text"/> / <input type="text"/> / <input type="text"/>
(see www.summer.harvard.edu/login if unsure)		Month (MMM)	Day (DD) Year (YYYY)
GENDER			
<input type="checkbox"/> Male <input type="checkbox"/> Female			

Required immunizations: Please record the date of immunizations or blood tests. Please print clearly.

- This is the **first time** I am submitting this form this summer.
- I have **new information** to add to the form I submitted earlier this summer.
(Students: Please circle the information that is new. Do not resubmit this form unless you have new information.)

Measles–Mumps–Rubella (MMR). TWO immunizations on or after the first birthday, at least 1 month* apart, in 1967 or later (combined as MMR or separately)		First MMR: ___/___/___		Second MMR: ___/___/___	
If administered separately, record below:					
Measles (Rubeola). TWO immunizations as described above		First: ___/___/___		Second: ___/___/___	
German Measles (Rubella). TWO immunizations as described above		First: ___/___/___		Second: ___/___/___	
Mumps. TWO immunizations as described above		First: ___/___/___		Second: ___/___/___	
Exemption from MMR immunization 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: Pos MEASLES titer: ___/___/___		Pos RUBELLA titer: ___/___/___		Pos MUMPS titer: ___/___/___	
Month Day Year		Month Day Year		Month Day Year	
OR, if born in the US before 1957, check here: <input type="checkbox"/>					

Varicella (Chickenpox).		First: ___/___/___		Second: ___/___/___	
TWO immunizations on or after the first birthday, at least 1 month* apart, on 01-MAR-1995 or later		Month Day Year		Month Day Year	
Exemption from Varicella immunization 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: Pos VARICELLA titer: ___/___/___		OR Age at infection: ___		OR Date of disease: ___/___/___	
Month Day Year		Month Day Year		Month Day Year	
OR, if born in the US before 1980, check here: <input type="checkbox"/>					

Tetanus-Diphtheria-Pertussis. One dose of “Tdap” on 01-JAN-2010 or later. Vaccine must be Adacel, Boostrix, 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 two months* after the second and four months* after the first.		First: ___/___/___		Second: ___/___/___		Third: ___/___/___	
If Twinrix, check here: <input type="checkbox"/>		Month Day Year		Month Day Year		Month Day Year	
OR Positive serological test		Positive Hepatitis B antibody: ___/___/___					
		Month Day Year					

Meningococcal Disease. One immunization, within the last 5 years. Harvard requires this immunization for all students born after 01-JUL-1997 living in Summer School housing.		___/___/___		<input type="checkbox"/> I am waiving the requirement for the Meningococcal vaccine because I will not live in Summer School housing, or because I was born before 01-JUL-1997. I have signed and attached the state waiver form.	
Other students may waive this requirement by signing and submitting the waiver form (available from the Summer School website) along with this form.		Month Day Year			

* One month = 28 days

Strongly recommended test:

Tuberculosis. Please provide results of tuberculin skin test (TST). Include measurement in millimeters of the induration and indicate positive or negative diagnosis.	Induration size:	Date read:	Diagnosis at time of reading:
	_____ mm	___/___/___	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
		Month Day Year	

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)

REQUIRED SIGNATURE OF HEALTH CARE PROVIDER OR MEDICAL RECORDS OFFICIAL		DATE (must be on or after most recent vaccination/test date)	
		___/___/___	
		Month Day Year	