HARVARD UNIVERSITY
Health Services
75 Mount Auburn Street,
Cambridge, Massachusetts 02138

IMMUNIZATION HISTORY AY2026-2027
NON-HEALTHCARE & NON-CLINICAL HEALTHCARE PROGRAMS

Last Name : _____

First Name : _____

Date of Birth : _____/_____/_____ HUID : _____

School : _____

- **The Immunization History Form is to be completed by your healthcare provider. Your healthcare provider must sign, date, and provide their professional signature stamp attesting to the vaccine documentation provided. You may then upload the document to the Patient Portal.**
- **If you do not have a healthcare provider who can complete and sign this form, you may instead upload your original vaccine documentation from the hospital, provider's office, or any place where you received your vaccines. All documentation must be in English and uploaded to the Patient Portal.**
- **If you received any of your immunizations in the United States, you may also use the Immunization Registry for the state in which they were given. Through this registry, you may obtain your official vaccination record, which you can then upload to the Patient Portal.**

Required Vaccine	Date(s) Given	Harvard and Massachusetts State Requirements
Annual Influenza Vaccination	_____ month/day/year Manufacturer_____ **This year's influenza vaccination must be completed after 7/1/2026. Vaccines before 7/1/2026 are not acceptable.**	One dose of the influenza (flu) vaccine administered on or after 7/1/2026 (Harvard requirement). Students have until late September 2026 to meet the flu vaccine requirement. **Flu vaccine is not needed for Summer 2026 or Fall 2026 registration.**
Hepatitis B Series of three immunizations – a positive serological test (titer) for immunity is acceptable in lieu of immunization; **serology documentation must be submitted**.	#1_____ month/day/year #2_____ month/day/year #3_____ month/day/year **OR** Positive Titer Date_____ month/day/year If Twinrix, check here ☐ If Heplisav-B, check here ☐	• Dose #1 – any age • Dose #2- at least 1 month after dose #1 (28 days) • Dose #3- at least 6 months after dose #1 AND at least 2 months after dose #2
Measles-Mumps-Rubella (MMR) Series of two immunizations – a positive serological test (titer) for immunity is acceptable in lieu of immunization; **serology documentation must be submitted**.	#1_____ month/day/year #2_____ month/day/year **OR** Positive Titer Date_____ month/day/year	Two immunizations on or after the first birthday (age 1) with a minimum interval of 28 days between doses.
Meningococcal Required for students 21 years old and younger.	_____ month/day/year **A-C-W-Y strains; Meningococcal "B" is not sufficient**.	One dose on or after age 16 (required for students aged 21 years and younger).

HARVARD UNIVERSITY
Health Services
75 Mount Auburn Street,
Cambridge, Massachusetts 02138

IMMUNIZATION HISTORY AY2026-2027
NON-HEALTHCARE & NON-CLINICAL HEALTHCARE PROGRAMS

Required Vaccine	Date(s) Given	Harvard and Massachusetts State Requirements
Tetanus/Diphtheria/Pertussis (Tdap) TD does not fulfill this requirement.	_____ month/day/year	One dose of Tdap within the last ten years (Harvard requirement).
Varicella Vaccination OR History of Chickenpox Series of two immunizations – a positive serological test (titer) for immunity is acceptable in lieu of immunization; **serology documentation must be submitted**.	#1_____ month/day/year #2_____ month/day/year **OR** Positive Titer Date_____ month/day/year Age_____ **OR** Date of Disease_____ month/day/year Varicella vaccination must have been administered on or after March 1995.	• Dose #1: on or after the first birthday (age 1) • Dose #2: at least 28 days after dose #1 • OR if born in the USA before 1980, you may waive by initialing here_____ • Medical record documentation signed by provider is required for history of chickenpox illness.

Strongly Recommended Vaccine	Date(s) Given	Harvard and Massachusetts State Requirements
COVID-19	_____ month/day/year	COVID-19 vaccination: It is recommended that you add your most recent dose.
Gardasil (HPV)	#1_____ month/day/year #2_____ month/day/year #3_____ month/day/year	Three doses over six months.
Hepatitis A	#1_____ month/day/year #2_____ month/day/year	Two doses; dose #2 six months after dose #1.
Polio (most recent dose)	_____ month/day/year	Booster dose of injected polio vaccine following completion of primary series.

HARVARD UNIVERSITY
Health Services
75 Mount Auburn Street,
Cambridge, Massachusetts 02138

IMMUNIZATION HISTORY AY2026-2027
NON-HEALTHCARE & NON-CLINICAL HEALTHCARE PROGRAMS

Strongly Recommended Vaccine	Date(s) Given	Harvard and Massachusetts State Requirements
TB Skin Test/Blood Test	_____ month/day/year Negative ☐ Positive ☐	Baseline history.
Typhoid	_____ month/day/year Oral ☐ IM ☐	Repeat the series every: • 5 years – oral • 3 years – IM
Yellow Fever	_____ month/day/year	Repeat vaccination every ten years.

_____ _____

Signature and stamp of physician/nurse practitioner/physician assistant/school official
PHYSICAL SIGNATURE & STAMP REQUIRED

Date Signed

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 their health would be endangered by one or more of the immunizations. In the case of an outbreak, the exempted student will be required to submit laboratory evidence of immunity to measles, mumps, and rubella; if not immune, the student will need to leave campus.

OR

- The student states in writing that the required immunizations would conflict with their religious beliefs. It is recommended that they present evidence of immunity, as above. Otherwise, they will have to leave campus in the event of an outbreak.

Access the Student Vaccine Exemption Form. The Massachusetts Department of Public Health requires the waiver to be renewed annually if future exemptions are requested.