HARVARD UNIVERSITY
Health Services

75 Mount Auburn Street,
Cambridge, Massachusetts 02138

REQUIREMENTS FOR IMMUNIZATIONS AY 2026–2027

(THIS CHECKLIST IS FOR REFERENCE PURPOSES ONLY)

NON-HEALTHCARE & NON-CLINICAL HEALTHCARE PROGRAMS

Immunization	Required	Recommended
1. **Annual Influenza Vaccination** • **One dose on or after 7/1/2026** • **Recommend uploading to the Patient Portal as soon as received.** **This year's influenza vaccination must be completed after 7/1/2026. Vaccines before 7/1/2026 are not acceptable. Students have until late September 2026 to meet the flu vaccine requirement.** **Flu is not required for Summer 2026 or Fall 2026 registration.**	✓	
2. Hepatitis B **Engerix-B (*3 dose series required*)** **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** **OR** **Twinrix (*3 dose series required*)** **Dose #1 – on or after 18th birthday** **Dose #2 – at least 1 month after dose #1** **Dose #3 – 140 days after dose #2** **OR** **Heplisav-B (*2 dose series required*)** **Dose #1 – on or after 18th birthday** **Dose #2 – at least 28 days after dose #1**	✓ Antibody titer is acceptable. Supporting documentation of serology must be submitted.	
3. MMR ("Measles-Mumps-Rubella") **Dose #1 – on or after 1st birthday** **Dose #2 – at least 28 days after dose #1**	✓ Antibody titer is acceptable. Supporting documentation of serology must be submitted.	
4. Meningococcal ("Menveo," "Menactra") * **** *Must protect from A-C-W-Y strains, not B*** **One dose of Meningococcal vaccine is required for students 21 years old and younger only. Dose #1 must be on or after 16th birthday.**	✓	
5. Tetanus/Diphtheria/Pertussis ("Tdap") * ****Tetanus-only booster is NOT acceptable; must include Pertussis*** **One dose of Tdap within the last ten years.** **(Harvard-specific requirement)**	✓	

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

REQUIREMENTS FOR IMMUNIZATIONS AY 2026–2027
(THIS CHECKLIST IS FOR REFERENCE PURPOSES ONLY)

NON-HEALTHCARE & NON-CLINICAL HEALTHCARE PROGRAMS

Immunization	Required	Recommended
6. Varicella ("Chickenpox") * **Dose #1 – on or after 1st birthday** **Dose #2 – at least 28 days after dose #1** ***If born in the United States before 1980, you may waive (see Immunization History Form)**	✓ Antibody titer is acceptable. Supporting documentation of serology must be submitted.	
7. COVID-19 **Recommend one dose of an age appropriate 2025-2026 COVID-19 vaccination.**		✓
8. Gardasil (Human Papilloma Virus, "HPV") **3 doses over 6 months**		✓
9. Hepatitis A* **Havrix (2 dose series)** **Dose #1 – Any age** **Dose #2 – 6 months after dose #1** ** Recommended for travel**		✓
10. Twinrix (Hep A and Hep B) (3 dose series) * **See "Hepatitis B Engerix-B/Twinrix" schedule** ***Recommended for travel**		✓
11. Tuberculosis Baseline Testing ("TB Test") • **Skin Test (PPD, Mantoux)** • **IGRA Blood test result**		✓
12. Typhoid * **Repeat series every:** • **5 years for oral typhoid** • **3 years for injected typhoid** ***Recommended for travel**		✓
13. Yellow Fever * **Recommend retention of WHO/CDC "Yellow Book" for documentation as vaccine is now "Valid of Lifetime of Traveler"** ** Recommended for travel**		✓