



Harvard Extension School

HARVARD DIVISION OF CONTINUING EDUCATION

2024-25 Immunization Requirements

All registered students who will have a presence on campus must comply with Massachusetts and Harvard University regulations requiring proof of immunization against certain communicable diseases. Massachusetts and Harvard University immunization requirements are strict and may differ significantly from other states and countries. To comply, please have this 2024-2025 Immunization Form completed by your health care provider or medical records official and **submit it by uploading through your MyDCE account (<https://extension.harvard.edu/login/>)**. You will see a “Meet the Immunization Requirements” task.

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 their 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 their 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.

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 extension term.

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.

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

If it’s multiple vaccines, 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.

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

You may check the status of your immunization certification by visiting your sub task status through your MyDCE account. Once your documents have been reviewed, you will see a “Completed” status on the “Other Required Immunizations” task. If your document is labeled as “More Info Requested” please refer to the notes left on your task and resubmit documentation.

Are COVID-19 vaccinations required?

COVID-19 vaccinations are no longer required. Students are still encouraged to wear masks and be vaccinated against COVID-19.

If I am 22 or older, do I need Meningococcal?

Meningococcal is only required of students between the ages of 16-21. If you are 22 or older, you are exempt.

I had Chickenpox as a child. Do I need to be vaccinated?

Students who were infected as a child have the option to indicate their age or date of infection in lieu of blood titers and vaccinations. Note that a medical professional must still sign the form indicating that the information provided is true.

If you cannot have a physician or medical specialist verify the age or date in which you were infected, you will need to complete a blood titer indicating immunity.

Is Td acceptable?

The Massachusetts and Harvard University Requirement is that students are vaccinated against Tetanus, Diphtheria, and Pertussis. TD and Dtap are not acceptable.

Within fourteen days of registering, submit this form in your MyDCE account through your “Meet Immunizations Requirement” task.

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



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2024-25 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)	or	HARVARD ID NUMBER	DATE OF BIRTH
@			example: J A N 0 1 1 9 9 4
(see www.extension.harvard.edu/login if unsure)			Month (MMM) Day (DD) Year (YYYY)

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 term.
- I have new information to add to the form I submitted earlier this term.

Please circle the information that is new. Do not resubmit this form unless you have new information.

REQUIRED IMMUNIZATIONS:	DATES GIVEN <small>month/day/year</small>	HARVARD AND MASSACHUSETTS STATE REQUIREMENTS
Flu Vaccination:	___/___/___	One dose on or after July 1st of current year (Harvard Requirement)
Measles-Mumps-Rubella (MMR): If administered separately or positive titers obtained record below	#1 ___/___/___ #2 ___/___/___ Positive Titer Date (if applicable): ___/___/___	Two immunizations on or after the first birthday, at least 28 days after first dose
Tetanus/Diphtheria/ Pertussis (Tdap): Must be Adacel, Boostrix, or ADULT ACCEL-LULAR pertussis booster. No other vaccines can be accepted	___/___/___	One dose every 10 years. Vaccinations completed more than 10 years ago will not be accepted
Varicella Vaccination: A positive Serological test for immunity is acceptable in lieu of immunization OR history of Chickenpox. History of Chickenpox must be verified by physician or medical records specialist by having this form signed and dated.	#1 ___/___/___ #2 ___/___/___ Age at infection: ___ OR Date of Disease: ___/___/___	Dose #1: on or after the first birthday Dose #2: at least 28 days after dose #1 OR if born in the USA before 1980, you may waive by initialing here: _____



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<p>Hepatitis B: Series of 3 immunizations – a positive Serological test for immunity is acceptable in lieu of immunization <input type="checkbox"/></p> <p>If Twinrix check here</p>	<p>#1 ___ / ___ / ___</p> <p>#2 ___ / ___ / ___</p> <p>#3 ___ / ___ / ___</p> <p>Positive Titer Date (if applicable): ___ / ___ / ___</p>	<p>Dose #1: any age Dose #2: 1 month after dose #1 Dose #3: at least 6 months after dose #1</p>
<p>Meningococcal: Required for students 21 years old and younger ACWY vaccine ONLY; Meningococcal B is not accepted</p>	<p>___ / ___ / ___</p>	<p>One dose on or after age 16. Students 22 and older are exempt from this requirement</p>
STRONGLY RECOMMENDED	DATES GIVEN month/day/year	MASSACHUSETTS RECOMMENDS
<p>Tuberculosis: TB Skin Test/Blood Test</p>	<p>___ / ___ / ___</p> <p>mm: Positive Negative (circle one)</p>	<p>Baseline history</p>

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)
		___ / ___ / ___