



Dear Harvard Student,

On behalf of Harvard University Health Services (HUHS), welcome to Harvard!

As a student, you must meet Massachusetts' immunization requirements. **Non-submission and/or missing required immunizations will place a hold on your account and you will not be able to register for classes.**

We understand that this process can feel overwhelming, so we've outlined the steps you need to take to ensure that your immunization records are submitted to us in a seamless and timely fashion.

Best regards,

Giang Nguyen, MD, MPH, MSCE, FAAFP
Director, Harvard University Health Services
Henry K. Oliver Chair of Hygiene

Where to get your immunizations

Many private health plans cover the cost of immunizations, so it's recommended that you receive your required immunizations before you arrive at Harvard.

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. HUHS holds immunization walk in clinics in August. Check your school or <http://huhs.harvard.edu/immunizations> websites for dates.

Please note that your health plan may not cover immunizations you receive at HUHS and you are responsible for the cost of the immunizations.

Submission Deadlines

Fall term matriculation: June 11, 2021
Spring term matriculation: January 3, 2022

Immunization Instructions

Step 1: Visit: <http://huhs.harvard.edu/immunizations> and select the immunization packet that correlates to your school/program. You will need to print the packet and bring the medical forms to your provider.

Step 2: Once your Harvard Key is available (contact your Registrar for questions about Harvard Key assignment), you will then be able to upload completed forms on the HUHS patient portal at: huhs.harvard.edu/patient-portal. *Submitted immunization documentation must be in English.*

Step 3: Enter dates for all required immunizations on the patient portal. Supporting vaccine documentation needs to be uploaded as well.

If you are unable to upload your forms to the patient portal, please find your school in the "additional questions?" section below and reach out to us.

Additional questions?

Visit: <http://huhs.harvard.edu/immunizations> for more information, including FAQs.

If contacting us via email, please include your full name, your school and your Harvard ID in the email message.

Medical (HMS), Dental (HSDM)

Phone: (617) 432-1370
Fax: (617) 432-7120
Email: mahealthservices@huhs.harvard.edu

Law (HLS)

Phone: (617) 495-4414
Fax: (617) 495-8090
Email: lawschoolhealthservices@huhs.harvard.edu

Harvard College (undergraduates), Graduate School of Arts & Sciences (GSAS), Business (HBS), Design (HGSD), Divinity (HDS), Education (HGSE), Government (HKS), Public Health (HSPH)

Phone: (617) 495-2055
Fax: (617) 495-8077
Email: mrecords@huhs.harvard.edu



HARVARD UNIVERSITY
Health Services

February 2021

To New Harvard Graduate Students in the Health Sciences:

Your health is our primary concern. **Please bring this letter and forms to your physician for careful review and completion.** Note that when you return these forms, you are required to also submit the laboratory reports that verify your immunity to infection with measles, mumps and rubella.

If you have a history of chicken pox infection (varicella), you are required to also submit the laboratory report that verifies your immunity to varicella. If you received the two-part varicella vaccine, you do not need to submit a blood test report verifying immunity to varicella.

If you completed the three-part hepatitis B vaccination series, you are required to also submit the laboratory report that verifies you have a titer of hepatitis B surface antibody (HBSAb).

You are required to have received one dose of Tdap, the tetanus, diphtheria, acellular pertussis vaccine. There is a charge for this vaccine when it is administered at Harvard University Health Services (HUHS).

Finally, if you have had a tuberculin skin test (PPD) interpreted as consistent with latent tuberculosis, you are required to submit a radiologist's report of a chest X-ray.

Meeting these requirements is an important first step before you matriculate at Harvard to protect your health and the health of your patients.

Sincerely,

A handwritten signature in black ink that reads "Peter Massicott".

Peter Massicott, MD
Director, Medical Area Clinic
Harvard University Health Services

**STUDENT IMMUNIZATION CHECK LIST
HEALTHCARE PROGRAMS
2021-2022**



Included in this packet are the following forms:

Forms	Actions	Check list ✓
Immunization Compliance Information Academic Year 2021-2022	Informational	
Immunization Form Checklist	Use this checklist to make sure you've completed all steps needed to be immunization compliant.	
Immunization History/ Health Care Provider's Report	<ul style="list-style-type: none"> • Take a copy of the Immunization Requirements, Health Care Provider Report, and Immunization History forms to your health provider. • Upon completion, upload provider-signed immunization history form and health care provider report to the patient portal. • Enter all immunization dates within "Medical Clearances" section of the patient portal. • Upload supporting vaccine documentation into the patient portal. <p><i>Submitted immunization documentation must be in English.</i></p>	
Health History	<p>To be entered by the student in the patient portal.</p> <p><i>*Not a form in this packet. It is located on the homepage of the patient portal.</i></p>	
Profile	<p>To be entered by the student in the patient portal.</p> <p><i>*Not a form in this packet. It is located on the homepage of the patient portal.</i></p>	
Meningococcal Fact Sheet & Waiver	Informational; waiver to be completed, if applicable.	
MIIS Information Sheet	Informational only. Read only.	

Please note, immunization verification can take a minimum of 2 weeks to process.
Log into the patient portal at <https://huhs.harvard.edu/patient-portal> to check the status of your submission.



Name: _____ **Date of birth:** _____

REQUIRED OF ALL MEDICAL STUDENTS BY HARVARD AND/OR MASS. STATE LAW:

<p>1. A POSITIVE SEROLOGICAL TEST FOR IMMUNITY TO MEASLES, RUBELLA AND MUMPS. A HISTORY OF DISEASE IS NOT ACCEPTABLE. A COPY OF THE LABORATORY REPORT MUST BE ATTACHED.</p>	<p>Positive MEASLES titer: ____/____/____ month day year</p> <p>Positive RUBELLA titer: ____/____/____ month day year</p> <p>Positive MUMPS titer: ____/____/____ month day year</p>
<p>IF AVAILABLE, RECORD DATES OF IMMUNIZATIONS HERE BUT THESE WILL NOT SUBSTITUTE FOR THE SEROLOGY REQUIREMENT.</p>	<p>MMR #1 ____/____/____ MMR #2 ____/____/____ month day year month day year</p> <p>Measles #1 ____/____/____ Meas.#2 ____/____/____ month day year month day year</p> <p>Rubella ____/____/____ Mumps ____/____/____ month day year month day year</p>
<p>2. TETANUS-DIPHTHERIA-PERTUSSIS - Tdap TD does not fulfill this requirement</p>	<p>Tdap: ____/____/____ month day year (Harvard Requirement) One dose after 1/1/2012</p>
<p>3. HEPATITIS B IMMUNIZATION. IF SERIES COMPLETE, A COPY OF THE HEPATITIS B SURFACE ANTIBODY TITER MUST BE ATTACHED, WHETHER POSITIVE OR NEGATIVE.</p> <p>Series incomplete (To be completed at HUHS) #1 _____ #2 _____</p>	<p>Series complete (dates) #1 _____ #2 _____ #3 _____</p> <p>HBSAb titer: ____/____/____ month day year</p> <p>Result: [] HBSAb present [] HBSAb absent</p>
<p>4. TUBERCULOSIS SCREENING SINCE 4/1/2021 → enter → If IGRA blood test, a copy of the laboratory report must be attached.</p> <p>No new tuberculosis screening required if:</p> <p>(a) [] Prior skin test consistent with latent TB → enter → Or</p> <p>(b) [] Prior positive IGRA blood test → enter → Or</p> <p>(c) [] History of childhood BCG vaccination (date: _____) month/day/year</p>	<p>Type and date: _____</p> <p>If PPD, #mm induration: _____</p> <p>[]negative []consistent with latent TB</p> <p>If consistent with latent TB, record date of chest X-ray and attach report: _____</p> <p>Record antibiotic therapy, if taken, and dates: _____</p>
<p>5. PROOF OF CHICKENPOX (VARICELLA) IMMUNITY. either: a. A POSITIVE SEROLOGICAL TEST FOR IMMUNITY (PLEASE ATTACH REPORT) OR b. DOCUMENTATION OF VACCINATION</p>	<p>Positive Varicella titer: ____/____/____ month day year</p> <p>or</p> <p>Vaccination: #1 ____/____/____ #2 ____/____/____ month day year month day year</p>

<p>6. MENINGOCOCCAL VACCINATION Required for students 21 years of age and younger.</p> <p style="text-align: right;">Record date here →</p>	<p>Type: <input type="checkbox"/> Menactra <input type="checkbox"/> Menomune</p> <p><input type="checkbox"/> Other: _____</p> <p>____/____/____ One dose after age 16 month day year</p>
<p>7. FLU VACCINATION Record date here → Must be completed before 12/31/2021</p>	<p>____/____/____ One dose on or after 7/1/2021 month day year (Harvard requirement)</p>
<p>8. COVID-19 VACCINATION Record dates here → Fully vaccinated means 2 weeks past the completion of whatever series is being received. i.e. 2 doses for Pfizer/Moderna/AstraZeneca, 1 dose for Johnson and Johnson.</p>	<p>#1 ____/____/____ #2 ____/____/____ month day year month day year</p> <p>Manufacturer: _____</p>
<p>POLIO (OPTIONAL). It may be necessary in the future to need proof of your polio immunizations. You will find it convenient to have them listed here and may attach documentation of any other immunizations you may have received, such as Gardasil (HPV) and travel-related immunizations.</p>	<p>Salk: _____</p> <p>Sabin: _____</p>

X _____ **Print name:** _____

Signature of physician/nurse/school official

Date

Address/telephone: _____



HARVARD UNIVERSITY
Health Services

Medical Area Clinic – Vanderbilt Hall
275 Longwood Avenue, Boston, MA 02115

Healthcare Provider’s Report AY 2021-2022

Harvard University Healthcare Programs

Name: _____ DOB: _____ School: _____
last name, first name

The above-named student has been admitted to Harvard University. While in attendance at Harvard, the student may be eligible for and receive health care services at Harvard University Health Services (HUHS). It will be extremely helpful for HUHS to have knowledge of the student’s current and past medical history. **In addition, the student’s immunization history must be up to date as defined by Massachusetts law. Providers are asked to complete, sign, and return this form to the student so the student can upload to the Harvard University Patient Portal no later than June 11, 2021.**

Date of Physical Exam: _____ Height: _____ Weight: _____ (must be within 12 months prior to registration)

1. Has the student suffered any major illnesses or injury in the past of which we should be aware?

2. Is the student currently under treatment? Please include the names and contact numbers for any outside health providers with whom we may need to consult.

3. Abnormal laboratory, radiology, physical findings (e.g. Pap smear, mammogram, heart murmur)?

4. Emotional issues (e.g. depression, eating disorder)?

5. Any contraindication to contact or non-contact sports?

6. What recommendations do you have for the student’s medical supervision? We would appreciate your sending any reports that would help us care for the student needing continuing care or monitoring.

Signature of health care provider

Phone number of practice

Date

Meningococcal Disease

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What is meningococcal disease?

Meningococcal disease occurs with infections due to the bacterium, *Neisseria meningitidis*. There are two major types of meningococcal disease: Meningococcal meningitis and meningococemia. Meningococcal meningitis is an infection of the tissue (called the “meninges”) that surrounds the brain and spinal cord. Meningococemia is an infection of the blood and may also involve other parts of the body.

What are *Neisseria meningitidis*?

Neisseria meningitidis are bacteria that may be found normally in people’s throats and noses. About 5 to 15% of people carry these bacteria and do not get sick from them. These people may be called “carriers.” Carriers only have bacteria for a short time. Usually, the bacteria go away and these people may have increased resistance to infection in the future. In rare cases, the bacteria may get into the blood and go to the tissue surrounding the spinal cord and brain, causing severe illness.

How are the bacteria spread?

The bacteria are spread from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils, or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

How is meningococcal disease diagnosed?

Persons showing signs and symptoms of illness are diagnosed by growing the bacteria from their spinal fluid (meningitis) or blood (meningococemia) in the laboratory. It may take up to 72 hours to have test results. Sometimes an earlier diagnosis can be made by looking at a person’s spinal fluid under a microscope. Often a preliminary diagnosis is made on the basis of signs and symptoms before laboratory results are available.

What are the signs and symptoms of illness?

Meningococcal meningitis:

Signs and symptoms of meningitis include sudden onset of high fever, stiff neck, headache, nausea, vomiting, and/or mental confusion. Changes in behavior such as confusion, sleepiness, and being hard to wake up are important symptoms of this illness. A rash may be present, often involving the hands and feet. In babies, the only signs of this illness may be acting more tired than usual, acting more irritable than usual, and eating less than usual. Babies with meningitis will usually have a fever, but this is not a reliable sign of illness. Anyone who has these symptoms should be seen by a health care provider right away.

Meningococemia:

Signs and symptoms of meningococemia include a sudden onset of fever, chills, and feeling unusually weak and tired. A rash may be present, often on the hands and feet. Anyone who has these symptoms should be seen by a health care provider right away.



How are these illnesses treated?

Antibiotics are used to treat people with both meningococcal meningitis and meningococemia. People who have had close contact with the sick person any time during the two weeks before she/he became ill may also need to take antibiotics. Preventive treatment of all close contacts should be started as soon as possible but ideally within 24 hours of identifying the case.

Why do close contacts of a sick person need to be treated?

Close contacts of a person who has meningococcal disease are treated with antibiotics because the disease-causing bacteria may be spread from the infected person to other people through contact with the saliva (spit) of the infected person. The antibiotics will kill the bacteria and prevent illness.

Is there a vaccine to protect me from getting sick?

Yes, there are 3 different meningococcal vaccines.

- Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (subgroups), A, C, W, and Y, of meningococcal disease. It is recommended for all children 11-12 years of age and for some younger children with certain health conditions like asplenia (including sickle cell disease), or prior to travel to certain parts of the world where meningococcal disease is common. A second dose of meningococcal conjugate vaccine is routinely recommended at 16 years of age. Adolescents and young adults who have not been vaccinated according to routine recommendations should talk to their healthcare provider about vaccination according to the “catch up” schedule.

College freshmen, military recruits and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive meningococcal conjugate vaccine.

- Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. It is recommended for people with certain relatively rare high-risk health conditions age 10 or older (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency, microbiologists working with *N. meningitidis*, and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.
- Quadrivalent meningococcal polysaccharide vaccine (Menomune) also protects against 4 types (A, C, W, Y) of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. It is recommended for people with certain high-risk conditions 56 years of age and older.

If you have questions about whether or not you or your child should receive any of these vaccines, talk to your healthcare provider.



Are students required to get meningococcal vaccine?

Massachusetts law requires newly enrolled full-time students attending colleges and schools with grades 9-12, who will be living in a dormitory or other congregate housing, licensed or approved by the school or college, to receive a dose of quadrivalent meningococcal vaccine. These students must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine. Immunizations should be obtained prior to enrollment or registration; however, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration. There is no requirement for meningococcal B vaccination. The law contains exemptions. More information may be found in the MDPH documents “*Meningococcal Disease and College Students*” and “*Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges.*”

MDPH strongly recommends two doses of quadrivalent meningococcal conjugate vaccine for all adolescents: a first dose at age 11 through 12 years, with a second dose at 16 years. While not required, MDPH strongly recommends that anyone up to 21 years of age who is entering college receive a second dose of quadrivalent meningococcal conjugate vaccine if their first dose was received before their 16th birthday, particularly if they are new residential students. College students who do not live in campus-related housing and want to reduce their risk for meningococcal disease may also choose to be vaccinated, though it is not required. Adolescents and young adults (16 through 23 years of age) **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.

What should I do if I have had contact with a person who has meningococcal disease?

If you have had close contact with a person who has been diagnosed with meningococcal disease you should call your health care provider and get an antibiotic. If you have had contact with an ill person, but have not had close contact, you should be aware of the symptoms of illness and contact your health care provider right away if you have any of these symptoms.

Are there times when I would not have to take antibiotics after close contact with a sick person with meningitis?

Yes. Meningitis can be caused by many different types of germs, including other bacteria and viruses. Only certain types of meningitis require treatment of the infected person’s close contacts. If you have questions about meningitis or your exposure to a sick person, contact your health care provider.

Where can I get more information?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <http://www.mass.gov/dph/>
- Your local health department (listed in the phone book under government)



Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools



Colleges: Massachusetts requires all newly enrolled full-time students 21 years of age and under attending a postsecondary institution (e.g., college) to receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday to protect against serotypes A, C, W and Y **or** fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

Residential Schools: Massachusetts requires all newly enrolled full-time students attending a secondary school who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution (e.g., boarding school) to receive quadrivalent meningococcal conjugate vaccine to protect against serotypes A, C, W and Y **or** fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the "meninges" and cause meningitis, or they can infect the blood or other body organs. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, sensitivity to light and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. Less common presentations include pneumonia and arthritis. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 10-20% lose their arms or legs, become hard of hearing or deaf, have problems with their nervous systems, including long term neurologic problems, or suffer seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

Who is at most risk for getting meningococcal disease?

High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists who work with the organism and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as first year college students living on campus and military recruits are also at greater risk of disease from some of the serogroups.

Which students are most at risk for meningococcal disease?

In the 1990s, college freshmen living in residence halls were identified as being at increased risk for meningococcal disease. Meningococcal disease and outbreaks in young adults were primarily due to serogroup C. However, following many years of routine vaccination of young people with quadrivalent meningococcal conjugate vaccine (for serogroups A, C, W and Y), serogroup B is now the primary cause of meningococcal disease and outbreaks in young adults. Among the approximately 9 million students aged 18-21 years enrolled in college, there are an average of 20 cases and 0-4 outbreaks due to serogroup B reported annually. Although incidence of serogroup B meningococcal disease in college students is low, four-year college students are at increased risk compared to non-college students; risk is highest among first-year students living on campus. The close contact in college residence halls, combined with social mixing activities (such as going to bars, clubs or parties; participating in Greek life; sharing food or beverages; and other activities involving the exchange of saliva), may put college students at increased risk.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. Quadrivalent meningococcal conjugate vaccine is routinely recommended at age 11-12 years with a booster at age 16. Students receiving their first dose on or after their 16th birthday do not need a booster. Individuals in certain high risk groups may need to receive 1 or more of these vaccines based on their doctor's recommendations. Adolescents and young adults (16-23 years of age) who are not in high risk groups may be vaccinated with meningococcal B vaccine, preferably at 16-18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Talk with your doctor about which vaccines you should receive.

Is the meningococcal vaccine safe?

Yes. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women. A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions, but these are rare.

Is meningococcal vaccine mandatory for entry into secondary schools that provide housing, and colleges?

Massachusetts law (MGL Ch. 76, s.15D) and regulations (105 CMR 220.000) requires both newly enrolled full-time students attending a secondary school (those schools with grades 9-12) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution and newly enrolled full-time students 21 years of age and younger attending a postsecondary institution (e.g., colleges) to receive a dose of quadrivalent meningococcal conjugate vaccine.

At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. Secondary school students must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past, unless they qualify for one of the exemptions allowed by the law. College students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday, regardless of housing status, unless they qualify for one of the exemptions allowed by the law. Meningococcal B vaccines are not required and do not fulfill the requirement for receipt of meningococcal vaccine. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Exemptions: Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.

Shouldn't meningococcal B vaccine be required?

CDC's Advisory Committee on Immunization Practices has reviewed the available data regarding serogroup B meningococcal disease and the vaccines. At the current time, there is no routine recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges might decide to have such a requirement). As noted previously, adolescents and young adults (16 through 23 years of age) may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection against most strains of serogroup B meningococcal disease. This would be a decision between a patient or parent and a healthcare provider. These policies may change as new information becomes available

Where can a student get vaccinated?

Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of these vaccines. Schools and college health services are not required to provide you with this vaccine.

Where can I get more information?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or www.mass.gov/dph/imm and www.mass.gov/dph/epi
- Your local health department (listed in the phone book under government)

Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of quadrivalent meningococcal conjugate vaccine. I understand that Massachusetts' law requires newly enrolled full-time students at secondary schools who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school, and newly enrolled full-time students at colleges and universities who are 21 years of age or younger to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

Student Name: _____ Date of Birth: _____ Student ID: _____

Signature: _____ Date: _____
(Student or parent/legal guardian, if student is under 18 years of age)



What You Should Know About Sharing Your Immunization Information

Harvard University Health Services (HUHS) is required by law to participate in the Massachusetts Immunization Information System (MIIS). The MIIS immunization registry (M.G.L.c. 111, Section 24M), is a confidential, electronic system that collects and stores vaccination records for Massachusetts residents of all ages. The immunization program is operated by the Massachusetts Department of Public Health and is designed to help you, along with your health care providers, schools, and childcare centers, to keep track of the vaccinations that you and/or your family members have received.

Why is the MIIS important?

The schedule of vaccinations that you need to stay healthy and that are required for you becomes more complicated with every new vaccine introduced. Keeping all of your vaccine records in one place helps to make sure that you get the complete schedule of immunizations – no more and no less. The registry allows secure yet easy access to your immunization information for all other Massachusetts clinicians outside of HUHS in the event of a referral or emergency.

What information about me will be entered into the MIIS?

All residents of Massachusetts, including Harvard University students, will have their vaccine information (both historical and newly given by HUHS clinicians), entered into the MIIS. Your name, address, gender, date of birth, and the health care provider's location will be entered to identify you within the MIIS. All the information given through the MIIS is secure and confidential.

What does it mean if I do not want to participate in the MIIS?

By state law, your immunization information will be sent to the MIIS. Massachusetts' residents have the right to limit who may see their or their child's information in the MIIS. If you prefer that your or your child's immunization history **not** be shared with other healthcare providers who use the MIIS, you must complete the "MIIS Objection (or Withdrawal of Objection) Form" (mass.gov/eohhs/docs/dph/cdc/immunization/miis-objection-form.pdf). If at any point you change your mind, you can fill out this same form to withdraw your objection and allow your information to be shared in the MIIS with other health care

For more information about this process at HUHS or to receive/submit the objection form, please contact:

HUHS Health Information Services/Medical Records
75 Mt. Auburn Street, 6th Floor
Cambridge, MA 02138
Phone: (617) 495-2055
Fax: (617) 495-8077

For more information about the MIIS, visit:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/miis/public-health-cdc-miis-info-parents-and-patients.html>