

# Massachusetts School Immunization Requirements 2022-2023<sup>§</sup>

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

## College (Postsecondary Institutions)\*\*†

Requirements apply to all full-time undergraduate and graduate students under 30 years of age and all full- and part-time health science students. Meningococcal requirements apply to the group specified in the table below.

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|---------------|--|
| Tdap          | <b>1 dose;</b> and history of a DTaP primary series or age-appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since Tdap.   |
| Hepatitis B   | <b>3 doses;</b> laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable   |
| MMR           | <b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable. Birth in the U.S. before 1957 acceptable only for non-health science students   |
| Varicella     | <b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable. Birth in the U.S. before 1980 acceptable only for non-health science students  |
| Meningococcal | <b>1 dose;</b> 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16 <sup>th</sup> birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the <a href="#">MDPH Meningococcal Information and Waiver Form</a> provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement |

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

\*\* The immunization requirements apply to all students who attend any classes or activities on campus, even once. If all instruction and activities are remote and the student will never be on campus in person, the requirements would not apply. Should a student physically return to campus, they would need comply with this requirement

†Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

# Student Immunization Record

WPI Student Health Services

100 Institute Road, Worcester, MA 01609

Tel: 508-831-5520

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In accordance with Massachusetts State Law, WPI requires all students to submit documentation of immunity to Health Services. The students' health care provider must complete this immunization record **OR** attach a copy of the student's immunization record on office stationary.

## REQUIRED VACCINES

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| <p><b>Covid-19</b><br/>Pfizer or Moderna - Dose 1 and 2 at least 3 weeks apart, and a booster dose at least 5 months after dose 2.<br/>J&amp;J - 1 dose, and a booster dose at least 2 months after dose 1.<br/>Other WHO approved Covid-19 vaccines.</p>  | <p><b>COVID19</b> MM/DD/YYYY<br/><b>Type:</b><br/>Dose 1 _____/_____/_____<br/>Dose 2 _____/_____/_____</p> <p><b>COVID19 BOOSTER</b> MM/DD/YYYY<br/><b>Type:</b><br/>Booster _____/_____/_____</p>  |
| <p><b>Hepatitis B</b><br/>Dose 1 and 2 at least 4 weeks apart; Dose 2 and 3 at least 8 wks. apart: at least 16 weeks between doses 1 and 3.<br/>OR<br/>Hepatitis immune serology (titer) accepted (attach lab documentation)</p>   | <p><b>HEP B</b> MM/DD/YYYY<br/>Dose 1 _____/_____/_____<br/>Dose 2 _____/_____/_____<br/>Dose 3 _____/_____/_____<br/>OR<br/>Lab documentation attached (please circle) YES NO</p>   |
| <p><b>Measles, Mumps, Rubella (MMR)</b><br/>2 doses MMR<br/>Dose 1 after first birthday, Dose 2 at least 1 month after Dose 1<br/>OR<br/>MMR immune serology (titer) accepted (attach lab documentation)</p>   | <p><b>MMR</b> MM/DD/YYYY<br/>Dose 1 _____/_____/_____<br/>Dose 2 _____/_____/_____<br/>OR<br/>Lab documentation attached (please circle) YES NO</p>  |
| <p><b>Meningococcal</b><br/>Booster ≥ age 16<br/>OR<br/>If you choose to waive this vaccine, please download the Meningitis Waiver Form and upload it to the WPI Student Health Portal.</p>  | <p><b>Menactra/Menomune/Menveo</b> MM /DD/YYYY<br/>Dose 1 _____/_____/_____<br/>OR<br/>Waiver attached (please circle) YES NO</p>  |
| <p><b>Tetanus-Diphtheria and Pertussis (Tdap)</b><br/>1 dose within the past 10 years</p>  | <p><b>Tdap</b> MM /DD/YYYY<br/>_____/_____/_____</p>   |
| <p><b>Varicella</b><br/>2 doses of Varicella at least 4 wks. apart after 12 months of age<br/>OR History of disease OR Varicella immune serology (titer) accepted (attach lab documentation)</p>   | <p><b>Varicella</b> MM /DD/YYYY<br/>Dose 1 _____/_____/_____<br/>Dose 2 _____/_____/_____<br/>OR<br/>Lab documentation attached (please circle) YES NO<br/>History of disease _____/_____/_____</p>  |
| <p><b>OTHER RECOMMENDED VACCINES:</b></p> <p><b>Human Papillomavirus (HPV)</b><br/>3 doses of HPV vaccine at 0,1-2,6 month schedule age 9-26 yrs.<br/>OR 2 doses before 15th birthday at 0, 6-12 months.</p> <p><b>Hepatitis A</b><br/>2 doses 6 months apart age 12 months and older</p> <p><b>Meningitis B</b><br/>Trumemba 2 or 3 dose schedule<br/>Bexsero 2 doses at least 1 month apart</p> <p><b>Influenza</b><br/><b>Pneumococcal</b> if high risk medical condition</p> | <p><b>HPV</b> MM/DD/YYYY<br/>Dose 1 _____/_____/_____<br/>Dose 2 _____/_____/_____<br/>Dose 3 _____/_____/_____</p> <p><b>Hepatitis A</b><br/>Dose 1 _____/_____/_____<br/>Dose 2 _____/_____/_____</p> <p><b>Meningitis B</b><br/>Dose 1 _____/_____/_____<br/>Dose 2 _____/_____/_____<br/>Dose 3 _____/_____/_____</p> <p><b>Influenza</b><br/>_____/_____/_____</p> <p><b>Pneumococcal</b><br/>_____/_____/_____</p> |

Health Care Provider (print) \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_