

Dear Undergraduate Student,

Welcome to WPI!

All in-person, full-time undergraduate students must complete the following health requirements and upload all forms to the WPI Student Health Portal by **JULY 6, 2026**.

Detailed information about each form can be found below or on the WPI Student Health Services (SHS) Website.

The WPI Student Health Portal can be accessed by scanning the QR code to the right or by clicking the link below:

<https://wpi.medicatconnect.com/default.aspx>



- **Immunization Record** - This form should be completed and signed by your medical provider, or you can submit a printed copy from your provider's office. Individual immunization dates must be entered by all students for review by WPI SHS staff. Students under 30 years of age must comply with Massachusetts School Immunization Requirements (detailed in this packet).
- **Tuberculosis (TB) Screening Questionnaire** - Complete and sign the top portion (up to the stop sign). If you answer "yes" to any screening questions, your medical provider must complete the bottom portion for further TB screening.
- **Meningitis Vaccine Waiver** - Required only for students aged 21 and younger who decline the meningitis vaccine. If you have received the vaccine, this form is not needed.
- **Student Vaccine Exemption Form** - Required only if you have medical or religious exemptions for any required vaccines. Please provide supporting documentation as instructed on the form.
- **Consent Form** - If the student will be under 18 years old by the time they move into their dorm, please make sure a parent or guardian has completed and signed the WPI Student Health Services Authorization to Treat a Minor Form section of the form.
- **Physical Exam** - WPI SHS strongly recommends all incoming students submit a physical examination report from their current healthcare provider to ensure appropriate care during your time at WPI.

If required health forms and immunization information are not completed and submitted within 30 days of starting classes, a "hold" will be placed on your academic record, preventing future class registration.

Please consider completing the text messaging opt-in/opt-out form in the forms section of your WPI Student Health Portal. While not required, enrolling allows you to receive helpful appointment reminders and important updates from WPI SHS.

We look forward to meeting you!

-WPI SHS Team



WPI STUDENT HEALTH SERVICES | 508-831-5520 | SHS@wpi.edu

2026-2027 Massachusetts School Immunization Requirements

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.

Tdap	1 dose; 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	3 doses; laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	2 doses; first dose must be given on or after the 1 st 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	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after the 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	1 dose; 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 th birthday; doses received at younger ages do not count towards this requirement. Meningococcal conjugate vaccine, MenACWY (MCV4) and MenABCWY, fulfill this requirement; monovalent meningococcal B (MenB) vaccine is not required and does not meet this requirement. Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution

§ 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 to 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.

WPI Student Immunization Record

This section must be completed and signed by a licensed healthcare provider (such as a physician, physician's assistant, nurse practitioner, or registered nurse) who is not the student or a family member of the student. All responses must be in English. Alternatively, a signed copy of the student's immunization record may be submitted in place of this form.

last name, first name

chosen name and pronouns

date of birth (month/day/year)

Required immunizations	Immunization dates (month/day/year) <i>Doses must be at least 30 days apart.</i>		Serologic proof <i>If providing serologic proof of immunity, you must attach laboratory test results when submitting this form.</i>		
			Positive IgG serologic test	Date of test (month/day/year)	Test results attached
Measles, mumps, and rubella (combined MMR vaccine or separate measles, mumps, and rubella vaccines) 2 doses required; first dose must be after age 1.	MMR vaccine _____ date of first dose date of second dose				
	Measles vaccine _____ date of first dose date of second dose		Measles	_____	<input type="checkbox"/>
	Mumps vaccine _____ date of first dose date of second dose		Mumps	_____	<input type="checkbox"/>
	Rubella vaccine _____ date of first dose date of second dose		Rubella	_____	<input type="checkbox"/>
Hepatitis B 3 doses required	_____ date of first dose	_____ date of second dose	_____ date of third dose	Hepatitis B surface antibody	<input type="checkbox"/>
Varicella — 2 doses or history of disease required	_____ date of first dose	_____ date of second dose	Varicella	History of disease (month and year): _____	<input type="checkbox"/>

TDAP (tetanus, diphtheria, and pertussis)	_____ date of most recent dose within the past 10 years
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Meningococcal (serogroups A, C, W, Y)	_____ date of immunization (must be on or after student's 16th birthday)	<i>If providing a signed waiver, include it when submitting this form</i>
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Recommended immunizations:

	Immunization dates (month/day/year)		
Bexsero or Trumenba (Meningococcal serogroup B) (2-dose series)	_____ date of first dose	_____ date of second dose	_____ date of third dose (Trumenba only)
Covid-19	_____ date of most recent dose		
Hepatitis A (2-dose series)	_____ date of first dose	_____ date of second dose	
HPV (3-dose series)	_____ date of first dose	_____ date of second dose	_____ date of third dose
Influenza (annual dose)	_____ date of most recent dose		

Certification by health care provider (required):

signature of health care provider

printed name

date (month/day/year)

health care provider address

phone

WPI Student Health Services Tuberculosis Screening Form

Student Name: _____ Date of Birth: _____

1. Born or lived in a country with an elevated tuberculosis (TB) rate – includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe? Yes No
2. Have you traveled to any country (other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe) for one month or more? Yes No
3. Have you been in close contact with someone with tuberculosis? Yes No
4. Have you resided or worked in a prison, homeless shelter, nursing home or hospital? Yes No
5. Have you ever had a positive tuberculosis skin or blood test? Yes No

If all answers are NO: Sign, date, and submit this form to WPI Student Health Services.

If any answer is YES: Contact your medical provider to complete the bottom portion of this form.

Student Signature: _____ Date: _____

If you answered "YES" to any questions above, documentation of one of the following is required:

1. PPD skin test dated within the past 2 years from the start of courses at WPI
2. Chest x-ray dated within the past 2 years from the start of courses at WPI
3. IGRA (Quantiferon Gold) blood test within the past 5 years from the start of course at WPI

A history of BCG vaccination does not preclude testing.

Documentation of the above should be uploaded to the student health portal, or a healthcare provider can complete the bottom portion of this form.

PPD: Date Planted _____ Date Read (*within 48-72 hours*) _____ Result _____ mm of induration

If you have a positive tuberculin skin test (PPD), documentation of a chest x-ray or IGRA (Quantiferon Gold) blood test is required.

Date of positive PPD _____ Date of X-Ray _____ Result: Normal Abnormal (**attach report**)

IGRA: Date _____ Results: _____

INH prophylaxis _____ Initiated Completed (**attach report**)

SIGNATURE OF HEALTHCARE PROVIDER: _____

Name (print): _____ Phone: _____

Address: _____

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.

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 the quadrivalent meningococcal conjugate vaccine to protect against serotypes A, C, W, and Y or fall within one of the exemptions in the law.

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 that 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 (the “meninges”) surrounding the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headaches, stiff neck or neck pain, nausea and vomiting, 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. In the US, about 350-550 people get meningococcal disease each year, and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hearing impaired or deaf, have problems with their nervous system, including long-term neurologic problems, or have seizures or strokes. Less common manifestations of meningococcal disease include pneumonia and arthritis.

How is meningococcal disease spread?

These bacteria are passed from person to person through saliva (spit). For the bacteria to spread, you must be in close contact with an infected person’s saliva. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils, sharing cigarettes, or being within 3-6 feet of someone infected who 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 and people who are routinely exposed to the organism and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college students living in residence halls and military recruits can also be at greater risk of disease.

Which students are most at risk for meningococcal disease?

College students who have close contact in 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 relative to others of the same age. People with close contact to or lengthy contact with confirmed cases are also at increased risk of developing invasive meningococcal disease.

Are there vaccines against meningococcal disease?

Yes, there are several different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menveo and MenQuadfi) protects against 4 serotypes (A, C, W, and Y) of 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. The meningococcal serogroup B vaccines (Bexsero and Trumenba) protect against serogroup B meningococcal disease. 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. Pentavalent meningococcal vaccine protects against serogroups A, B, C, W, and Y. It may be administered to persons aged ≥10 years when both a quadrivalent meningococcal conjugate vaccine and meningococcal B vaccine are indicated at the same visit. Talk with your doctor about which vaccines you should receive.

Is the meningococcal vaccine safe?

Yes. Getting the meningococcal vaccine is much safer than getting the disease. Some people who get the 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) require both newly enrolled full-time students attending a secondary school (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., college) to receive a dose of quadrivalent meningococcal conjugate vaccine.

The requirements apply to all new full-time residential students at affected secondary schools, 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. This includes individuals from other countries attending or visiting classes or educational programs as part of an academic visitation or exchange program. Meningococcal B vaccines are not required and do not fulfill the requirement for meningococcal vaccine. Whenever possible, immunizations should be obtained before 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 they can't receive the vaccine; 2) the student (or the student's legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against their sincere religious belief; or 3) the student (or the student's 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 legal guardians should contact their healthcare providers to 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 this vaccine.

Where can I get more information?

Your healthcare provider, local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Divisions of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <https://www.mass.gov/info-details/school-immunizations>.

For additional information on *Invasive Meningococcal Disease (IMD)*, please visit the CDC's website: [Meningococcal Disease Surveillance and Trends | Meningococcal | CDC](#).

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 the meningococcal vaccine.

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

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



Student Vaccine Exemption

WPI Student Health Services
100 Institute Road
Worcester, MA 01609

Questions? shs@wpi.edu or 508-831-5520

I, _____ am a student at Worcester Polytechnic Institute and request that I be exempt from the requirement to receive the following vaccinations (Massachusetts Department of Public Health, 105 CMR 220.600 - 700):

All MMR Hepatitis B Tdap Varicella Other: _____

I request that I be exempt from the requirement to receive the above vaccinations and immunizations based on:

Medical grounds. *Please explain:*

* All medical exemptions **must be verified with a letter from the student’s medical provider**, in addition to completing this form. It must specify which immunization(s) cannot be given and certify that the provider has personally examined the student and is of the opinion that the student’s health would be endangered by the immunization.

Religious grounds. I certify that the receipt of a vaccine or immunization would conflict with or violate my sincere religious beliefs.

- **I understand and agree that in the event of an outbreak of a communicable disease**, I will (at my own expense) either leave campus or receive an immunization for the communicable disease and will follow WPI’s policies and protocols as well as the recommendations of the local board of public health related to the communicable disease.
- I further understand and agree that when one or more cases of a vaccine-preventable disease or any other communicable disease are present on campus or in WPI’s geographical area, I may be subject to testing, isolation, or quarantine in accordance with the Massachusetts Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements (105 CMR 300.000) and/or WPI’s policies and protocols.

Student Name (please print)

Date of Birth (month/day/year)

Student Signature

Date (month/day/year)*

Local/ Campus Address

ID

City, State, Zip Code

Upload completed Exemption Form and letter from your medical provider, if required, to the [secure health portal](#).

Note: The Massachusetts Department of Public Health **requires this waiver to be renewed annually at the start of each academic year**.



**WPI STUDENT HEALTH SERVICES
AUTHORIZATION TO TREAT A MINOR**

[Parent/Guardian should complete and sign this form for any child/dependent under 18, unless the child/dependent: (i) is or has been married; (ii) is a parent; (iii) is in the armed forces; or (iv) lives independently and apart from his or her parent/guardian and manages his or her own finances.]

Massachusetts law generally requires a parent’s or guardian’s consent for medical treatment of a minor. If your child/dependent is a student, or attending a program, at Worcester Polytechnic Institute (“WPI”), the following form must be completed and returned prior to your child’s/dependent’s arrival on campus.

I, _____, am the parent/guardian of
(please print)
_____, date of birth _____
(please print)

who is currently a minor (under the age of 18).

I authorize the WPI Student Health Services (SHS) to provide routine medical and/or mental health care to my child/dependent, including but not limited to diagnostic examinations (including radiological and laboratory testing), medical treatment and mental health counseling.

If an injury/illness is determined to be life-threatening, I authorize WPI SHS to make arrangements for my child/dependent to be taken to a hospital, and I understand that a health care provider will make efforts to notify me. I hereby consent to the sharing by WPI SHS of my health information with such hospital, emergency facility or other outside health care provider to support my continuity of care.

I further understand that, once my child/dependent reaches the age of 18, my consent for treatment is no longer required.

I understand that, under Massachusetts law, there are certain conditions, such as pregnancy/suspected pregnancy, exposure/suspected exposure to sexually transmitted diseases and drug/alcohol addiction, for which my minor child/dependent may consent to treatment for themselves and without my knowledge. I also understand that there may be other circumstances in which WPI SHS may determine, consistent with law, that my child/dependent may consent to treatment for themselves and without my knowledge.

If at any time the parent/guardian has decided to revoke their consent for treatment of their child/dependent, we will require a written statement emailed to the WPI SHS at shs@wpi.edu.

By my signature, I acknowledge that I have read and understand this authorization, and that any questions I have prior to signing can be answered by calling the WPI SHS at 508-831-5520 or emailing shs@wpi.edu.

(Parent/Guardian signature) _____ *Date* _____

* * *

PARENT/GUARDIAN EMERGENCY CONTACTS:

Name: _____ Phone: _____

Name: _____ Phone: _____

WPI PHYSICAL EXAMINATION

*Your physical exam must have been completed within the past 2 years of the academic year start date.
You are not required to use this form - any physical exam form from your provider will be accepted, as long as it includes the required information listed here.*

Students Legal Name: _____ Date of Birth: _____ Date of Exam: _____

Students Chosen Name: _____ Assigned Sex at Birth: _____

Height: _____	Weight: _____	Blood Pressure: _____	Heart Rate: _____
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SYSTEM	NORMAL	PLEASE DESCRIBE ANY ABNORMALITIES
Skin		
HEENT		
Lymph nodes		
Thyroid		
Respiratory		
Cardiovascular (murmurs)		
Gastrointestinal		
Musculoskeletal		
Neurological		
Psychological		

CURRENT AND CHRONIC PROBLEMS:

_____	_____
_____	_____
_____	_____

If the student is under care of a medical provider for a chronic condition or serious illness, please provide additional clinical reports to assist us in providing continuity of care.

CURRENT MEDICATIONS (include vitamins, OTC medications, supplements, contraceptives, inhalers, epi-pen, etc.):

Allergies: _____	Type of Reaction: _____
_____	_____
_____	_____

Tuberculosis Risk (please circle): Low Risk or High Risk (complete the tuberculosis screening form for high risk patients)

Physical Activity Clearance: Cleared Not Cleared Cleared with restrictions (please specify): _____

Health Care Provider Signature _____ Date _____

Health Care Provider (please print): _____
Address: _____
Phone: _____ Fax: _____