NEW GRADUATE STUDENT HEALTH FORMS CHECKLIST

Welcome to WPI!

Please complete and upload all forms to the WPI Student Health Portal.

*Individual immunization dates need to be entered by all students so they can be reviewed by the WPI Health Services Office to ensure compliance.*

The deadline for forms submission is **JULY 1, 2021.**

The Health Portal can be accessed through the following link: [https://wpi.medicatconnect.com/default.aspx](https://wpi.medicatconnect.com/default.aspx)

1. Immunization Record
   a. This form should be **completed and signed** by your medical provider or you can submit a printed copy of your immunization records from your medical providers office. You do not need to use this specific form.
   b. Included in this packet is the Massachusetts School Immunizations Requirements informational page. Graduate students under 30 years of age are required to comply with the Massachusetts School Immunization Requirements. **Failure to comply with these regulations will require us to place a “hold” on your academic record which will keep you from registering for classes.**

2. Student Health History Form
   a. Self-reported medical history form completed by the student

3. Physical Examination Form
   a. Completed and signed by the students medical provider.
   b. A printed copy of your most recent physical from your providers office is acceptable. You do not need to use this specific form.

4. Tuberculosis (TB) Screening Questionnaire
   a. Completed and signed by the student (up to the stop sign).
   b. If the student answer yes to any of the questions in the screening section, the bottom portion of the form must be completed by their medical provider for further TB screening.

5. Meningitis Vaccine Waiver
   a. If you do not wish to have the meningitis vaccine, please review, and sign the meningitis waiver form.
   b. The waiver form can be found on the WPI Health Services web page.
   c. If you have had the meningitis vaccine, you do not need to complete this form.

6. Student Vaccine Exemption Form
   a. Please review and sign the vaccine exemption form if you have a medical or religious vaccine exemption.
   b. Please provide additional documentation as needed per the instructions found on this form.

Contact the WPI Health Services Office if you have any questions regarding the required health forms. You can reach the Health Services Office at 508.831.5520.

If you have questions regarding the student health insurance, please call the WPI Bursar’s Office at 508.831.5203.

If you are a WPI varsity athlete, you have to submit your medical forms to BOTH the Athletics Office and Health Services.

*If the required health forms listed above are not submitted and complete, a “hold” will be placed on your academic record keeping you from registering for classes in the future.*

**REMINDER:** Please keep a copy of all forms for your personal records.

Updated 5/2021
Massachusetts School Immunization Requirements 2020-2021

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.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requirement Details</th>
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<tbody>
<tr>
<td>Tdap</td>
<td>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.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 doses; laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable</td>
</tr>
<tr>
<td>MMR</td>
<td>2 doses; first dose must be given on or after the 1st 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</td>
</tr>
<tr>
<td>Varicella</td>
<td>2 doses; first dose must be given on or after the 1st 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</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>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 16th birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the <strong>MDPH Meningococcal Information and Waiver Form</strong> provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement</td>
</tr>
</tbody>
</table>

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.