

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

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

Health Care Provider (print) _____ Signature _____

Address: _____ Phone # _____ Fax# _____