

# NEW UNDERGRADUATE STUDENT HEALTH FORMS CHECKLIST

Dear Student, 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, 2022**.

The Health Portal can be accessed through the following link: <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 of your immunization records from your medical providers office. You do not need to use this specific form.
  - Included in this packet is the Massachusetts School Immunizations Requirements informational page. In addition to these state required vaccines WPI is requiring all students have up to date Covid-19 vaccines which includes their primary vaccine series and booster dose.
- ✓ Student Health History Form
  - Self-reported medical history form completed by the student.
- ✓ Consent Form
  - Consent for treatment form completed and signed by the student.
  - If the student will be less than 18 years old by the WPI move in day, please make sure a parent or guardian has completed the "Consent for Treatment of Minors" section of the form.
- ✓ Physical Examination Form
  - Completed and signed by the student's medical provider.
  - A printed copy of your most recent physical from your providers office is acceptable. You do not need to use this specific form.
- ✓ Tuberculosis (TB) Screening Questionnaire
  - Completed and signed by the student (up to the stop sign).
  - 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.
- ✓ Meningitis Vaccine Waiver
  - If you do not wish to have the meningitis vaccine, please review, and sign the meningitis waiver form.
  - The waiver form can be found on the WPI Health Services web page.
  - If you have had the meningitis vaccine, you do not need to complete this form.
- ✓ Student Vaccine Exemption Form
  - Please review and sign the vaccine exemption form if you have a medical or religious vaccine exemption.
  - Please provide additional documentation as needed per the instructions found on this form.

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

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 must submit a copy of 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 which will prevent you from registering for classes in the future.***

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

# 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.

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

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

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

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

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

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

In case of emergency please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_

ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

Subscriber name and date of birth: \_\_\_\_\_

RELATION (please circle)	AGE	IN GOOD HEALTH (YES/NO)	PAST/PRESENT SERIOUS ILLNES	IF DECEASED AGE AT DEATH	CAUSE OF DEATH
Father/Mother					
Mother/Father					
Brother/Sister					
Brother/Sister					
Brother/Sister					

**PERSONAL HISTORY: Please check Yes or No below. If yes, please provide details on the lines below the chart.**

	Y	N	AGE		Y	N	AGE		Y	N	AGE		Y	N	AGE
ADHD/ADD				COVID19				Head injury / Concussion				Panic Disorder			
Allergies				Diabetes				Headaches				Seizure disorder			
Alcohol /Drug use				Dizziness/Fainting				Heart				Skin / Acne			
Anemia				Depression				Hepatitis				Sleep Issues / Insomnia			
Anxiety				Ear / Nose / Throat				High Blood Pressure				Smoking, # of cigarettes a day _____			
Asthma				Eating Disorder				Kidney or urinary				Thyroid			
Bone & Joint				Eye / Vision				Menstrual Problems				Tuberculosis or (+) PPD			
Cancer				Gastrointestinal				Mononucleosis				Other _____			

1. Are you allergic to any medications? Please specify type and reaction:

2. List any food and/or environmental allergies and describe the reaction:

3. List all medications that you are taking (prescriptions/vitamins/supplements). Please include the name, dose, and reason for use:

4. Have you received counseling or been hospitalized for anxiety, depression, alcohol or other drug use, disordered eating, or other mental/emotional diagnoses?

5. Date and type of hospitalizations, injuries (athletic and nonathletic), and surgical operations which you have had.

6. Are you being followed by a medical provider for any medical problems?

**I hereby certify that the information entered above is complete and accurate.**

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_



## ***Consent for Medical Treatment***

I hereby consent to the provision by Student Health Services of such medical treatment as I may require while I am a student at WPI, including but not limited to referral to a hospital, emergency facility or other outside health care provider when necessary to provide appropriate medical treatment.

I hereby consent to the sharing by Student Health Services of my health information with such hospital, emergency facility or other outside health care provider to support my continuity of care.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you are under 18 years of age, the consent of your parent or guardian is also required.

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# WPI PHYSICAL EXAMINATION

Physical examination must be completed within 12 months prior to registration  
date by a health provider who is not a parent of this student.

*Required for all undergraduate students.*

**Student's Name:** \_\_\_\_\_ **Date of exam:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Vision test: OD \_\_\_\_\_ OS \_\_\_\_\_ OU \_\_\_\_\_

SYSTEM	NORMAL	DESCRIBE ABNORMALITY
Skin		
HEENT		
Lymph nodes		
Thyroid		
Lungs / Chest		
Breasts		
Cardiovascular (murmurs)		
Abdomen		
Genitourinary		
Musculoskeletal		
Neurological		
Psychological		

If any blood tests are done, please include a copy of the results.

## 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, Over the Counter Medications, Contraceptives, Inhalers and Epi-Pens):

ALLERGIES	Type of Reaction
_____	_____
_____	_____
_____	_____

Has an Epi-pen been prescribed (please circle)? Yes or NO

**Tuberculosis Risk** (please circle): Low Risk or High Risk (complete the Tuberculosis Screening Form for documentation of high risk students)

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

**Health Care Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Health Care Provider (please print) \_\_\_\_\_ Date \_\_\_\_\_

How long have you known this patient? \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Return completed form to:

**WPI Student Health Services**  
**100 Institute Road**  
**Worcester, MA 01609**  
**Phone: (508) 831-5520**  
**Email: [healthcenter@wpi.edu](mailto:healthcenter@wpi.edu)**

Name (print): \_\_\_\_\_ DOB \_\_\_\_\_

## **WPI HEALTH SERVICES TUBERCULOSIS SCREENING**

*Required for all undergraduate and graduate students.*

1. Were you born in one of the countries listed below? ☐ Yes ☐ No
2. Have you traveled or lived for more than one month in one of the countries listed below? ☐ Yes ☐ No
3. Has the student been in close contact with someone with tuberculosis? ☐ Yes ☐ No
4. Has the student resided or worked in a prison, homeless shelter, nursing home or hospital? ☐ Yes ☐ No
5. Has the student ever had a positive tuberculosis skin or blood test? ☐ Yes ☐ No

**\*If you answer "NO" to all questions 1-5,  Sign, date and submit form to Health Services**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*If you answered "YES" to any questions 1 - 5: PPD (Mantoux) skin test or IGRA blood test is required.**

***A history of BCG vaccination does not preclude testing.***

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

**\*Positive tuberculin skin test: Chest X-Ray or IGRA blood test 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: \_\_\_\_\_

### **Countries with High Rates of TB**

**("High Incidence" areas are defined as areas with reported or estimated incidence of  $\geq 20$  cases per 100,000 population)**

Angola, Bangladesh, Brazil, Cambodia, Central African Republic, China, Columbia, Congo, Congo DR, Ethiopia, India, Indonesia, Kenya, Korea-DPR, Lesotho, Liberia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Russian Federation, Sierra Leone, South Africa, Thailand, UR Tanzania, Vietnam, Zambia, Zimbabwe

**Source: WHO Global Health Observatory, Tuberculosis Incidence 2016-2020**

**<https://apps.who.int/iris/bitstream/handle/10665/336069/9789240013131-eng.pdf>**

## 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 16<sup>th</sup> 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 16<sup>th</sup> 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 16<sup>th</sup> 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](http://www.mass.gov/dph/imm) and [www.mass.gov/dph/epi](http://www.mass.gov/dph/epi)
- Your local health department (listed in the phone book under government)

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## 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)



## Student Vaccine Exemption

WPI Student Health Services  
100 Institute Road  
Worcester, MA 01609

Questions? [healthcenter@wpi.edu](mailto:healthcenter@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      ☐ Meningitis      ☐ Tdap      ☐ Varicella  
☐ COVID-19      ☐ 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**.