



SUMMER INTERNSHIPS

Administered by Harvard John A. Paulson School of Engineering and Applied Sciences

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Immunization Information

Commonwealth of Massachusetts and Harvard University regulations require all students (including US citizens) who will be living in Summer housing to be immunized against certain communicable diseases. To comply, please have this Immunization Form completed by your health care provider or medical records official and **submit it by uploading it to Embark**.

The only circumstances under which a student may be exempted from these regulations are as follows:

- The student provides written certification by an examining physician that the student's health would be endangered by one or more of the immunizations. In this case, the student **must** submit laboratory evidence of immunity to measles, mumps, rubella, and varicella (chickenpox); if the student is not immune, the student will be excluded from classes in the event of an outbreak; OR
- The student provides a signed written statement that the required immunizations would conflict with his or her religious beliefs. It is recommended that he or she present evidence of immunity through laboratory testing as above. Otherwise the student will be excluded from classes in the event of an outbreak. Please note: parents (including parents of minors) may not submit requests for religious exemptions on behalf of the student. The student must provide a signed statement on his or her own behalf.

Frequently Asked Questions

What if I don't submit a complete immunization record before I arrive at Harvard?

We strongly encourage you to receive any required immunizations before you arrive at Harvard, as many health insurance plans will cover the costs of immunizations.

What if I don't have enough time to complete the full series of the MMR, Hepatitis B, or Varicella vaccinations?

For immunizations requiring more than one inoculation (such as measles, rubella, mumps, hepatitis B, and varicella), you must submit proof that you have begun the series and had as many of the inoculations (shots) as possible within the time frame/schedule specified on the Immunization Form. In this case, you are considered to be in compliance with the requirements for the current summer term.

My parent/guardian knows the dates I received my shots. Can they sign the form?

All immunization documentation and information must be certified by a health care provider or a medical records official. We cannot accept self-reported immunization information.

Can I submit a form from another school instead of this Immunization Form?

You may submit alternate documentation such as a copy of your immunization records from another school you attended or a copy of your personal immunization card. This documentation **MUST** satisfy the following requirements:

- It must be in English.
- It must include the full dates of each immunization (i.e. month, day, and year).
- It must be certified by a health care provider or medical records official.
- It must demonstrate compliance with the Massachusetts and Harvard University immunizations regulations.

Alternate documentation that does not fulfill these requirements will not be accepted.

What if my doctor does not know the exact date I received the shot or does not have record of it?

Without the full dates of your vaccinations (including month, day, and year), your immunization history does not comply with Massachusetts and Harvard University regulations and your documentation cannot be accepted. If you cannot provide documentation of each required immunization, there are several of the diseases for which you can have a blood test that will show whether or not you are immune to them (measles, mumps, rubella, hepatitis B, and varicella). You would need to provide the Summer School with the proof of such tests. For the diseases that do not allow blood tests, you must take the immunizations again and provide the proof.

Do I need to complete a whole new form to submit my additional/updated shot information?

You should submit a new form, but should include only the NEW information. Check the box marked, "I have new information to add to the form I submitted earlier this summer." Lastly, the signature of your health care provider or medical records official cannot be earlier than the date of your most recent vaccination in order for your form to be accepted.

Please submit this form by uploading it to Embark as soon as possible.

Please keep a copy of this form for your own records.

Immunization Form

Please clearly print all information

STUDENT FULL LEGAL NAME (exactly as printed on your passport or other government-issued photo identification)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

DATE OF BIRTH example: JAN 01 1994

Month (MMM)			Day (DD)		Year (YYYY)				

Required immunizations: Please record the date of immunizations or blood tests. **Please print clearly.**

- ☐ This is the first time I am submitting this form this summer.
☐ I have new information to add to the form I submitted earlier this summer.

If you are submitting COVID-19 vaccinations, please submit them through the Harvard University Health Services Patient Portal (patient.uhs.harvard.edu)

Please circle the information that is new. Do not resubmit this form unless you have new information.

REQUIRED IMMUNIZATIONS:	DATES GIVEN month/day/year	HARVARD AND MASSACHUSETTS STATE REQUIREMENTS
Measles-Mumps-Rubella (MMR): If administered separately or positive titers obtained record below	#1 ____ / ____ / ____ #2 ____ / ____ / ____ Positive Titer Date (if applicable): ____ / ____ / ____	Two immunizations on or after the first birthday, at least 28 days after first dose
Tetanus/Diphtheria/ Pertussis (Tdap): Must be Adacel, Boostrix, or ADULT ACCELULAR pertussis booster. No other vaccines can be accepted	____ / ____ / ____	One dose after 1/1/2012
Varicella Vaccination: A positive Serological test for immunity is acceptable in lieu of immunization. Or History of Chickenpox Varicella vaccination must be administered on or after March 1995	#1 ____ / ____ / ____ #2 ____ / ____ / ____ Age at infection: ____ OR Date of Disease: ____ / ____ / ____	Dose #1: on or after the first birthday Dose #2: at least 28 days after dose #1. OR if born in the USA before 1980, you may waive by initialing here: _____ Must be signed by medical provider
Hepatitis B: Series of 3 immunizations – a positive Serological test for immunity is acceptable in lieu of immunization If Twinrix check here <input type="checkbox"/>	#1 ____ / ____ / ____ #2 ____ / ____ / ____ #3 ____ / ____ / ____ Positive Titer Date (if applicable): ____ / ____ / ____	Dose #1: Any age Dose #2: 28 days after Dose #1 Dose #3: At least 8 weeks (56 days) between #2 and #3. There must be at least 16 weeks (112 days) between #1 and #3

Meningococcal: Required for students 21 years old and younger ACWY vaccine ONLY; students turning 16 before June or early June must also provide the immunization	____ / ____ / ____	One does on or after age 16
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STRONGLY RECOMMENDED	DATES GIVEN <small>month/day/year</small>	MASSACHUSETTS RECOMMENDS
Tuberculosis: TB Skin Test/Blood Test	____ / ____ / ____ mm: Positive Negative (circle one)	Baseline history

HEALTH CARE PROVIDER OR MEDICAL RECORDS OFFICIAL		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)
Address		Telephone number (including area/country code)

REQUIRED SIGNATURE OF HEALTH CARE PROVIDER OR MEDICAL RECORDS OFFICIAL	DATE (must be on or after most recent vaccination/test date)
 	____ / ____ / ____