

**IMMUNIZATIONS**  
**You do not need to have your clinician fill this form if you can upload an official medical record of your immunizations.**

Required Vaccines	Dates Received	MA State Requirements
<b>Hepatitis B</b> (may be Hepatitis B OR Hepatitis A/B combined)	Vaccine Name: _____ #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ OR Positive Titer HBsAB Date: ___/___/___ <i>(copy of lab result required)</i>	<b>3 doses</b> ; laboratory evidence of immunity acceptable; <b>2 doses of Heplisav-B given on or after 18 years of age are acceptable.</b>
<b>Meningococcal Quadrivalent</b> <b>1 dose MenACWY (formerly MCV4)</b> required for all full-time students <b>21 years of age or younger.</b>	Vaccine Name: _____ Single Dose: ___/___/___ OR <b>Signed Waiver (Hyperlink to waiver is below):</b> _____ <a href="#">Meningococcal: Questions and Answers</a> You can also find the waiver form on the next page of this document.	<b>1 dose</b> ; The dose of MenACWY vaccine must have been received on or after the student's <b>16<sup>th</sup> birthday</b> . Students may decline MenACWY vaccine after they have read and signed the <b>MDPH Meningococcal Information and Waiver Form provided in this packet</b> . Meningococcal B vaccine is not required and does not meet this requirement.
<b>MMR (Measles, Mumps, Rubella)</b> OR individual vaccines or titers: • Measles • Mumps • Rubella	#1 ___/___/___ #2 ___/___/___ #1 ___/___/___ #2 ___/___/___ OR Positive Titer Date: ___/___/___ #1 ___/___/___ #2 ___/___/___ OR Positive Titer Date: ___/___/___ #1 ___/___/___ #2 ___/___/___ OR Positive Titer Date: ___/___/___ <i>(copy of lab results required)</i>	<b>2 doses</b> ; first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given $\geq 28$ days after first dose; laboratory evidence of immunity acceptable. Birth in the U.S. before 1957 acceptable only for non-health science students.
<b>Tdap (Tetanus, Diphtheria, Pertussis)</b>	Tdap: ___/___/___  *If <b>greater than 10 years ago</b> , must also provide date of recent Td: ___/___/___ or Tdap: ___/___/___	<b>1 dose</b> ; and history of a DTaP primary series or age-appropriate catch-up vaccination. Tdap given at $\geq 7$ 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 $\geq 10$ years since Tdap.
<b>Varicella</b>	#1 ___/___/___ #2 ___/___/___ OR Positive Titer Date: ___/___/___ <i>(copy of lab results required)</i> OR History of disease: Yes ___ No ___ Date: ___/___/___	<b>2 doses</b> ; first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given $\geq 28$ days after first dose; history of chicken pox as documented by clinician or laboratory evidence of immunity is acceptable. Birth in the U.S. before 1980 acceptable only for non-health science students.
<b><u>STRONGLY RECOMMENDED &amp; ADDITIONAL IMMUNIZATIONS</u></b>	<b><u>Dates Received</u></b>	<b><u>Standing Dosing</u></b>
<b>Influenza</b>	Vaccine Name: _____ Single Dose: ___/___/___	Vaccine for the current flu season
<b>Meningococcal Group B</b> <b>MenB-4C (Bexsero)</b> OR <b>MenB-Fhbp (Trumenba)</b>	Vaccine Name: _____ #1 ___/___/___ #2 ___/___/___  #1 ___/___/___ #2 ___/___/___ #3 ___/___/___	Bexsero: 2 doses at least one month apart  Trumenba: 3 doses at 0, 3 and 6 month intervals
<b>Human Papillomavirus (HPV)</b>	Vaccine Name: _____ #1 ___/___/___ #2 ___/___/___ #3 ___/___/___	3 doses at 0, 3 and 6 month intervals
<b>Hepatitis A</b> OR <b>Hepatitis A &amp; B Combined</b>	Vaccine Name: _____ #1 ___/___/___ #2 ___/___/___ #1 ___/___/___ #2 ___/___/___ #3 ___/___/___	Hepatitis A: 2 doses at least 6 months apart  Hepatitis A & B Combined: 3 doses given at 0, 3 and 6 month intervals.
<b>COVID-19 Vaccines:</b>	Vaccine Name: _____ Date: ___/___/___ Vaccine Name: _____ Date: ___/___/___ Vaccine Name: _____ Date: ___/___/___ Vaccine Name: _____ Date: ___/___/___	COVID-19 vaccines per CDC recommendations.

**HEALTHCARE PROVIDER'S SIGNATURE:**  
 Healthcare Provider's Name (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Address: (Including City and State): \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

# Meningococcal: Information & Waiver



## INFORMATION ABOUT THE DISEASE, VACCINES, REQUIREMENTS, AND THE WAIVER FOR STUDENTS AT COLLEGES AND RESIDENTIAL SCHOOLS

The following document, [Meningococcal Disease and Students: Commonly Asked Questions](#), is provided by the Massachusetts Department of Public Health (MA DPH) and fulfills the requirement for [221.300: Dissemination of Information about Meningococcal Disease and Vaccine](#).

As part of the regulation, students of private and public secondary schools, colleges, and universities are informed of the risks of meningococcal disease.

- **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.

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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 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)

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You may also contact your healthcare provider, local board of health, or the Massachusetts Department of Public Health (MDPH) Divisions of Epidemiology and Immunization at (617) 983-6800 or visit <https://www.mass.gov/info-details/school-immunizations>. For additional information beyond what is provided and approved by the MA DPH, please visit the CDC's website: [Meningococcal Disease Surveillance and Trends | Meningococcal | CDC](#).

### 2026-2027 Meningococcal Information & Waiver

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