

2026 EXPLO Health + Medical Guide

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Immunization Compliance Guide

Immunization Requirements

EXPLO's highest priority is the safety and well-being of our students. Given the clear public health based need to protect the EXPLO community as a whole, EXPLO requires that all students and faculty must be fully immunized according to Massachusetts requirements and recommendations against communicable, preventable diseases in the manner below.

We recognize that families may have differing opinions on the administration of vaccinations based on health and religious beliefs. Given the fact that our students live and interact in close quarters over the summer, and the need to protect certain vulnerable populations, EXPLO does not recognize or allow religious exemptions to immunizations.

Specific Required Immunizations

The following immunizations are required for all students attending any EXPLO program.

- **DTaP (diphtheria, tetanus, and pertussis):** At least 4 doses, with the last dose given on or after the 4th birthday
- **Tdap/Td Booster (tetanus, diphtheria, pertussis):** 1 dose given ≥ 7 years of age for students entering grades 8 + 9, recommended for those entering grade 7
- **MMR (measles, mumps, and rubella):** 2 doses separated by at least 28 days, with the 1st dose on or after the 1st birthday
- **Polio:** At least 3 doses, with the last dose given on or after the 4th birthday
- **Hepatitis B:** 3 doses, with the last dose given at 24 weeks of age or older
- **MenACWY/MCV4:** 1 dose for students entering grades 8 + 9, recommended for those entering grade 7. The state of Massachusetts provides [this publication](#) with additional information about meningococcal meningitis.
- **Varicella:** 2 doses separated by at least 3 months, with the 1st dose on or after the 1st birthday, or verification of disease dates

Options for Families

1. **Check with your physician.** The easiest and most cost-effective way to meet the requirements to attend EXPLO is to check with your doctor or local hospital to see whether the immunization is available in your area. Simply complete the course of vaccines and upload proof of the immunization, dosage, and dates to your child's health profile.
2. **Get a titer showing immunity.** If your child has immunity to a particular disease, you may be able to get a blood test — or “titer” — from your physician showing such immunity. If your child has had a past infection of Hepatitis B, for example, then a titer may show natural immunity to this illness. Have your doctor provide titer results showing immunity and upload these results to your child's health profile with the Physician's Evaluation Form.



For Varicella ONLY, have a physician confirm history of disease in writing. For varicella only, a lab/titer confirmation is not required. Confirmation in writing by a physician (MD), physician's assistant, or APRN is sufficient proof of immunity for varicella (commonly known as "chicken pox"). If your child had varicella, please have your physician note the date on your Physician's Evaluation Form, or upload a note from your physician confirming the date to your child's health profile with the form.

Guide to Medications

If your child currently takes regular medications for any behavioral or emotional reasons, they should continue to do so while at the Program. Although EXPLO is an engaging environment without the pressure of homework and tests, it is still a place where children interact socially and are required to maintain focus and be alert, cooperative, and task-oriented throughout the day. Our experience has taught us that those children who continue their medication are more successful and have a more enjoyable experience navigating moments of transition and social interaction.

Please also refrain from making changes to your child's behavioral or emotional medication just prior to the Program. EXPLO is not the proper environment for adjusting to a new medication or to a new dose of medication.

We take the safety of your children seriously, and we know that you do, too. However responsible – or not – your child might feel about taking their medication, state regulations mandate that medications be directly distributed by a healthcare professional – this includes prescriptions, vitamins, supplements, and over-the-counter medications. Our Health Office is staffed 24/7 with nursing staff who are available for a range of triage services, including the administration of medications throughout the day — breakfast, lunch, dinner, and bedtime.

Please read through the full guide below. As with most policy-based requirements, there are a number of caveats that may apply to you. Our Admissions team will be able to assist with any questions you may have about medications. They can be reached at medforms@explo.org, or 781.762.7400.

Medication Authorization Forms (MAFs)

A [Medication Authorization Form \(MAF\)](#) is required for all medications. Forms must be signed by the prescribing medical practitioner, even for daily over-the-counter medications or vitamins. Please talk with your doctor about medications that you anticipate your child needing while at EXPLO.

Medications that require a completed Medication Authorization Form: daily and as-needed over-the-counter (OTC) medications, emergency medications to be carried with your child at all times (e.g. Epi-Pens and inhalers), injections (e.g. growth hormone and insulin), prescription creams and sprays, vitamins, herbal supplements, and non-pill medications. If your child takes an



occasional (not daily) medication that is not listed below, you will need a signed MAF from your physician for it, and you will need to supply the health office with an adequate as-needed quantity for the duration of the program. A common example is Zyrtec, which EXPLO does not stock. If an over-the-counter medication is prescribed as part of an emergency action plan, you will need a signed MAF from your physician. A common example is Benadryl that is prescribed prior to the administration of an EpiPen.

If your child is in need of an inhaler or an EpiPen, it is required they bring two to the Program. One will be kept with them throughout the day and the other will be stored in the Health Office.

Day students bringing medication onto campus for use in an emergency must complete a Medication Authorization Form for each medication. It is important to include everything you anticipate as early as possible to prevent an interruption to your child's medication schedule. If there are changes to your child's medications prior to the start of the program, it is your responsibility to update EXPLO with that information.

The following medications are available for occasional administration by our staff nurses, and you do not need a Medication Authorization Form from your physician for these.

Acetaminophen, Ibuprofen, Diphenhydramine, Pseudoephedrine Hydrochloride, Fexofenadine, Loratadine, Loperamide, Kaopectate, Calcium Carbonate, Dimenhydrinate, and Dextromethorphan.



Medical Form Checklist

Follow the links below to access forms that need to be printed, completed, and signed. Upload all completed forms to your health profile or fax to 781.787.2742.

- ☐ Web-based Health Forms in the [Dashboard](#)
 - ☐ Health History Form, General Information
 - ☐ Health History Form, Medications
 - ☐ Health History Form, Insurance
- ☐ [Physician's evaluation form](#) or most recent physical
- ☐ Immunization record
- ☐ Copy of insurance card (front + back)
- ☐ [Medication Authorization Form](#)
- ☐ Action Plans for [Asthma](#), [Diabetes](#), [Anaphylaxis](#), or [Seizures](#) (if applicable, samples linked for reference)
- ☐ Overnight Students only: Review [meningococcal information](#)

Note on medications: the medications listed on the Health History Form should match the medications listed on the Medication Authorization Form.



Physician's Evaluation Form

Due April 1, 2026

Student's Last Name		Student's First Name			
To adhere to applicable health code at each campus, all students are required to have a completed medical form on file. EXPLO will not allow a student to attend without all of the following immunizations as well as a completed physical. A physician may substitute their own form, providing it covers the same information listed below and is signed and dated by the physician. Physical exams must have been conducted after July 25, 2024.					
To submit, upload the completed form to the student's health profile, or fax to (781) 787-2742.					
STUDENT HEALTH HISTORY					
Date of Birth	Height	Weight	Pulse	Blood Pressure	
Allergies or reactions to medications? Please indicate those that are life threatening.					
Conditions that may affect this student's full participation in activities at the Program?					
Does this student take any kind of medication (including inhalers, epinephrine)?					
Clinical Evaluation (including current or chronic medical conditions):					
IMMUNIZATION HISTORY * INDICATES REQUIRED DOSE	DOSE 1 MM/YYYY	DOSE 2 MM/YYYY	DOSE 3 MM/YYYY	DOSE 4 MM/YYYY	DOSE 5 MM/YYYY
Diphtheria, tetanus, pertussis (DTaP)	*	*	*	*	
Tetanus booster (Td) or (TdaP)	*	One dose ≥7 years of age is required for students entering grades 8 + 9, recommended for those entering grade 7.			
MMR (measles, mumps, rubella)	*	*			
Polio	*	*	*		*After Age 4:
Hepatitis B	*	*	*		
Meningococcal (MenACWY/MCV4)	*	One dose is required for all students entering 8 + 9, recommended for those entering grade 7.			
Varicella	*	*	OR disease date:		
COVID-19					
PHYSICIAN INFORMATION					
Physician's Name		Address			
Physician's Signature		Phone Number		Date	
				/ /	

Medication Authorization Form

Student Name: _____ Date of Birth: _____ Gender: F / M / O

All medications administered while at EXPLO require appropriate authorization from a licensed healthcare provider, whether they are prescription or over-the-counter. This form permits the EXPLO Health Office to accurately administer medication, so it is necessary to keep this document up-to-date.

To submit, upload the completed form to the student's health profile, or fax to 781.787.2742.

MEDICATION INFORMATION:

- All medications listed on this form must appear **EXACTLY** as written on the prescription or original packaging.
- Please attach additional forms as needed for the number of prescriptions being authorized.
- Please remember to include supplemental medication (e.g. Benadryl is a common first step before administering epinephrine. In that case, you must list both Benadryl and epinephrine as separate medications.)

Medication Name:	Generic substitution allowed? Y / N
Strength of Dose (e.g. 30 mg):	Dose Quantity + Form (e.g. 2 tablets):
Administration Frequency (circle all that apply): Daily / As-Needed / Scheduled (e.g. twice weekly) <i>If scheduled, please indicate schedule:</i>	
Administration Time(s) (circle all that apply): Breakfast / Lunch / Dinner / Bedtime / As-Needed	
Diagnoses (Reason for Medication) and Special Instructions:	

Medication Name:	Generic substitution allowed? Y / N
Strength of Dose (e.g. 30 mg):	Dose Quantity + Form (e.g. 2 tablets):
Administration Frequency (circle all that apply): Daily / As-Needed / Scheduled (e.g. twice weekly) <i>If scheduled, please indicate schedule:</i>	
Administration Time(s) (circle all that apply): Breakfast / Lunch / Dinner / Bedtime / As-Needed	
Diagnoses (Reason for Medication) and Special Instructions:	



Medication Name:	Generic substitution allowed? Y / N
Strength of Dose (e.g. 30 mg):	Dose Quantity + Form (e.g. 2 tablets):
Administration Frequency (circle all that apply): Daily / As-Needed / Scheduled (e.g. twice weekly) <i>If scheduled, please indicate schedule:</i>	
Administration Time(s) (circle all that apply): Breakfast / Lunch / Dinner / Bedtime / As-Needed	
Diagnoses (Reason for Medication) and Special Instructions:	

Have more to list? Please attach additional copies of this MAF as necessary to list each medication individually. Remember to sign each form.

HEALTHCARE PROVIDER AUTHORIZATION:

I have carefully reviewed the medication orders on this form. I authorize EXPLO to administer the above medication(s) to the named student.

Printed Name of Healthcare Provider **and** Credentials

Business Phone

Address

Emergency Phone

Signature

Date

PARENT / GUARDIAN AUTHORIZATION:

1. I give permission to have the EXPLO nurse or personnel designated by the EXPLO nurse give the above medication(s) to the named student.
2. I give permission to the EXPLO nurse to share, with appropriate EXPLO personnel, information relative to the prescribed medicine administration (e.g. adverse side effects) as they determine necessary for my child's health and safety.

Please note that parents/guardians may retrieve medication(s) from EXPLO at any time, and that the medication(s) will be destroyed if not picked up within one week following termination of the order, or two days beyond the close of EXPLO.

Printed Name of Parent/Guardian

Relationship to Child

Signature

Date



Meningococcal Information

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) surrounding the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headaches, stiff neck or neck pain, nausea and vomiting, 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. In the US, about 350-550 people get meningococcal disease each year, and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hearing impaired or deaf, have problems with their nervous system, including long-term neurologic problems, or have seizures or strokes. Less common manifestations of meningococcal disease include pneumonia and arthritis.

How common is meningococcal disease?

The incidence of meningococcal disease has declined steadily in the U.S. since a peak of reported disease in the late 1990s. In 2021, the rate of meningococcal disease in the United States reached a historic low of 0.06 cases per 100,000 population. Among adolescents age 16-23, the incidence rate was 0.05 cases per 100,000 population, which equals 5 cases per 10 million people age 16-23 in 2021. Rates of meningococcal disease in the United States increased in 2023. Much of this increase was due to a sharp increase in serogroup Y disease. In 2023, 415 confirmed and probable meningococcal disease cases were reported in the United States (preliminary data), which is similar to the rate in 2014. Declining rates of meningococcal disease may be due in part to the introduction of meningococcal vaccines (initially recommended routinely in 2005 for adolescents aged 11-12 years, unvaccinated college freshmen living in residence halls) as well as other factors such as the decline in cigarette smoking, which may impact susceptibility to this disease.

How is meningococcal disease spread?

These bacteria are passed from person to person through saliva (spit). For the bacteria to spread, you must be in close contact with an infected person’s saliva. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils, sharing cigarettes, or being within 3-6 feet of someone infected who is coughing or sneezing.

Who is most at 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 and people who are routinely exposed to 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 caused by some serotypes.



Are camp attendees at increased risk for meningococcal disease?

No. Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation at camp.

Is there a vaccine against meningococcal disease?

Yes, there are several different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menveo and MenQuadfi) protects against 4 serotypes (A, C, W, and Y) of meningococcal disease. The meningococcal serogroup B vaccines (Bexsero and Trumenba) protect against serogroup B meningococcal disease for people age 10 and older. Pentavalent meningococcal vaccine protects against serogroups A, B, C, W, and Y. It may be administered to persons aged ≥ 10 years when both a quadrivalent meningococcal conjugate vaccine and meningococcal B vaccine are indicated at the same visit.

Should my child or adolescent receive the meningococcal vaccine?

Different meningococcal vaccines are recommended for a range of age and risk groups. Quadrivalent meningococcal conjugate vaccine (MenACWY) is recommended routinely for children 11-12 years of age, with a second dose at age 16, and is required for school entry for grades 7 and 11. College freshmen and other newly enrolled college students (under age 21) are also required to have received quadrivalent meningococcal conjugate vaccine regardless of whether they live in congregate housing. This includes individuals from other countries attending or visiting classes or educational programs as part of an academic visitation or exchange program. More information about exemptions from this requirement may be found in the MDPH document “Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools.”

Meningococcal B vaccine is recommended for people over age 10 in certain relatively rare high-risk groups (e.g., persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). In addition, adolescents and young adults (16 through 23 years of age) who are not at high risk may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children at higher risk of infection because of certain medical conditions or other circumstances should discuss vaccination with their child’s healthcare provider.

Pentavalent meningococcal vaccine protects against serogroups A, B, C, W, and Y. It may be administered to persons aged ≥ 10 years when both a quadrivalent meningococcal conjugate vaccine and meningococcal B vaccine are indicated at the same visit. Talk with your doctor about which vaccines your child should receive.



How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene, and cough etiquette. The following are best practices:

- 1) wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water, or an alcohol-based hand gel or rub may be used if hands are not visibly dirty).
- 2) cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; if they don't have a tissue, cough or sneeze into their upper sleeve.
- 3) not share food, drinks, or eating utensils with other people, especially if they are ill.
- 4) contact their healthcare provider immediately if they have symptoms of meningococcal disease.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

How can I obtain more information about meningococcal disease and vaccination?

You can 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, please visit the CDC's website: Meningococcal Disease Surveillance and Trends | Meningococcal | CDC.

Should my school-aged child or adolescent receive the meningococcal vaccine?

Different meningococcal vaccines are recommended for a range of age and risk groups. Quadrivalent meningococcal conjugate vaccine (MenACWY) is recommended routinely for children 11-12 years of age, with a second dose at age 16, and is required for school entry for grades 7 and 11. College freshmen and other newly enrolled college students (under age 21) are also required to have received quadrivalent meningococcal conjugate vaccine regardless of whether they live in congregate housing. This includes individuals from other countries attending or visiting classes or educational programs as part of an academic visitation or exchange program. More information about exemptions from this requirement may be found in the MDPH document "Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools."

Meningococcal B vaccine is recommended for people over age 10 in certain relatively rare high-risk groups (e.g., persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). In addition, adolescents and young adults (16 through 23 years of age) who are not at high risk may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children at higher risk of infection because of certain medical conditions or other circumstances should discuss vaccination with their child's healthcare provider.



Pentavalent meningococcal vaccine protects against serogroups A, B, C, W, and Y. It may be administered to persons aged ≥ 10 years when both a quadrivalent meningococcal conjugate vaccine and meningococcal B vaccine are indicated at the same visit. Talk with your doctor about which vaccines your child should receive.

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.

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