

Submit all completed forms and attachments by scanning and uploading them to the vaccine portal <https://yale.medicatconnect.com>. Due no later than August 1, or earlier if required by your school.

Last Name	First Name	Date of Birth: <small>Month Day Year</small> ____/____/____	Preferred Name
E-mail	Phone	Sex Assigned at Birth	Gender Identity
Department/Program of Study at Yale			

IMMUNIZATION HISTORY

1. MEASLES, MUMPS, RUBELLA (MMR)Vaccination – required for all students

Option 1	Measles, Mumps, Rubella (MMR) Vaccination <ul style="list-style-type: none"> First dose must be given on or after your first birthday; second dose must be at least 28 days beyond first dose. If above not satisfied, obtain a booster and enter date given, or complete Option 2 below. 	Dose #1: ____/____/____ <small>Month Day Year</small>	Dose #2: ____/____/____ <small>Month Day Year</small>	Booster (if indicated): ____/____/____ <small>Month Day Year</small>
Option 2	In lieu of proof of vaccination above, a titer showing immunity to each individual disease is an acceptable alternative to vaccination. Required: <input type="checkbox"/> Attach lab results	Measles Titer Result: <input type="checkbox"/> Immune* Date _____ (month/day/year) Mumps Titer Result: <input type="checkbox"/> Immune* Date _____ (month/day/year) Rubella Titer Result: <input type="checkbox"/> Immune* Date _____ (month/day/year) *If not immune, you are required to receive a booster and repeat the titer.		

2. VARICELLA Vaccination – required for all students born after 1979

Option 1	Varicella Vaccination – first dose must be given on or after your first birthday to be accepted	Dose #1: ____/____/____ <small>Month Day Year</small>	Dose #2: ____/____/____ <small>Month Day Year</small>
Option 2	In lieu of proof of vaccination above, a titer showing immunity is an acceptable alternative to vaccination. Required: <input type="checkbox"/> Attach lab results	Varicella Titer Result: <input type="checkbox"/> Immune* Date _____ (month/day/year) *If not immune, you are required to receive a booster and repeat the titer	
Option 3	An incidence of disease will take the place of a vaccine requirement. (Must be filled in by an MD/DO/APRN/PA-C.)	Varicella disease: ____/____/____ <small>Month Day Year</small>	

3. MENINGOCOCCAL Vaccination – required of all undergraduate and graduate students living in university dormitories

Meningitis Vaccine (MCV 4) Must cover strains A, C, Y, W-135 (Menactra, Menveo or Nimenrix)	Date: ____/____/____ <small>Month Day Year</small> Vaccination MUST have been given WITHIN 5 years of your first day of class at Yale and remain up to date throughout your time at Yale.	Exceptions to requirement: <input type="checkbox"/> I will not be living in university-owned dormitories. <input type="checkbox"/> I am over 29 years of age.
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4. TUBERCULOSIS (TB) –

ONLY If the student has **lived or traveled outside the United States during the past year** tuberculosis (TB) screening is **REQUIRED**

STEP 1: TB Blood Test/IGRA	OR	TB Skin Test (PPD)	STEP 2: DO NOT COMPLETE UNLESS POSITIVE TB SKIN TEST OR TB BLOOD TEST
Recommended if prior BCG <input type="checkbox"/> Quantiferon <input type="checkbox"/> T - Spot Date: ____/____/____ <small>Month Day Year</small> RESULT: <input type="checkbox"/> NEG <input type="checkbox"/> POS* Required: <input type="checkbox"/> Attach lab results. *ONLY If test is POSITIVE, proceed TO Step 2 →		Date planted: ____/____/____ <small>Month Day Year</small> Date read: ____/____/____ <small>Month Day Year</small> Interpretation: <input type="checkbox"/> NEG <input type="checkbox"/> POS* mm of induration: _____ *ONLY If test is POSITIVE, proceed TO Step 2 →	Required ONLY if past or current positive TB skin or blood test. Not required if completed medication treatment for TB. Chest X-ray Date: ____/____/____ <small>Month Day Year</small> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Latent TB Infection <input type="checkbox"/> Active TB Infection Date(s): _____ List Medication(s): _____

5. COVID-19 VACCINATION – STRONGLY ENCOURAGED but not required

- Please submit documentation of prior primary series and bivalent booster, if received

PRIMARY DOSE #1	PRIMARY DOSE #2 (skip if J&J vaccine)	BIVALENT VACCINE (most recent dose)
Date ___/___/___ Month Day Year <input type="checkbox"/> Moderna <input type="checkbox"/> Pfizer <input type="checkbox"/> Johnson & Johnson/Janssen <input type="checkbox"/> Novavax <input type="checkbox"/> Other WHO approved Name:	Date ___/___/___ Month Day Year <input type="checkbox"/> Moderna <input type="checkbox"/> Pfizer <input type="checkbox"/> Novavax <input type="checkbox"/> Other WHO approved Name:	Date ___/___/___ Month Day Year <input type="checkbox"/> Moderna <input type="checkbox"/> Pfizer

OTHER VACCINES - NOT required				
Tetanus-Diphtheria-Pertussis within the past 10 years	Date of most recent dose: ___/___/___ Month Day Year	Only Tdap is accepted		
Hepatitis A Vaccine	Date of Dose #1: ___/___/___ Month Day Year	Date of Dose #2: ___/___/___ Month Day Year		
Hepatitis B Vaccine (enter name)	Date of Dose #1: ___/___/___ Month Day Year	Date of Dose #2: ___/___/___ Month Day Year	Date of Dose #3 (if applicable): ___/___/___ Month Day Year	Hep B Surface Antibody Titer ___/___/___ Month Day Year Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
HPV Vaccine	<input type="checkbox"/> HPV 4 <input type="checkbox"/> HPV 9	Date of Dose #1: ___/___/___ Month Day Year	Date of Dose #2: ___/___/___ Month Day Year	Date of Dose #3: ___/___/___ Month Day Year
Meningococcal Serogroup B Vaccine	<input type="checkbox"/> Bexsero, 2 doses <input type="checkbox"/> Trumenba, 3 doses	Date of Dose #1: ___/___/___ Month Day Year	Date of Dose #2: ___/___/___ Month Day Year	Date of Dose #3 (if Trumenba): ___/___/___ Month Day Year
Yellow Fever	<input type="checkbox"/> Yellow Fever <input type="checkbox"/> Stamaril	Date of Dose: ___/___/___ Month Day Year		
Typhoid	Date of Dose: ___/___/___ Month Day Year			
Patient Name		Patient Date of Birth		
Clinician Name	Clinician Signature		Date	
Address (include city and state)	Email	Telephone	Fax	

Vaccine Portal Guide

Vaccine information must be entered into the vaccine portal (<https://yale.medicatconnect.com>). You will need your NetID and password in order to access the portal. Deadline for submission is August 1, however please submit as soon as you are able. In the event you do not have all of the necessary vaccinations and/or titers, completion of next steps can take up to several weeks. Note that if all information is not in and verified by Medicat, you WILL NOT be able to register for classes.

1. Bring this form to your primary care provider for completion. Verify that all necessary information is indicated and correct. You might be due for a booster or titers.
2. Go to the vaccine portal. ENTER ALL DATES for the various vaccines or titers AND upload this immunization form and attachments.
3. Verification of immunizations can take up to 7 days.
4. Read all email notifications from Medicat. These are alerting you to missing or incorrect information. Follow provided instructions. As long as you are receiving alerts, you ARE NOT cleared to register for classes. If instructions are unclear, email complianceservices@medicat.com for clarification. If after discussion with Medicat, you remain unclear as to next steps, email Yale Health at immunization@yale.edu. Please do not email both at once. High volume into immunization@yale.edu will lead to delays in assistance.
5. If you are coming from outside the US and cannot obtain any of the required vaccinations prior to arrival here on campus, please notify Yale Health at immunization@yale.edu so that we can formulate a plan.
6. **Off health hold** status indicates that you have satisfied all immunization requirements.