

Submit all completed forms and attachments by scanning and uploading them to the vaccine portal <https://yale.medicatconnect.com>. Due August 1.

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

IMMUNIZATION HISTORY

1. MEASLES, MUMPS, RUBELLA (MMR) Vaccination - required

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 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) screening within past 6 months is REQUIRED OF ALL STUDENTS

STEP 1: TB Blood Test/IGRA (Quantiferon or T-Spot) <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.	STEP 2: DO NOT COMPLETE UNLESS POSITIVE TB SKIN TEST OR TB BLOOD TEST CHEST XRAY Required 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
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 duration: _____	TB MEDICATION TREATMENT <input type="checkbox"/> Latent TB Infection <input type="checkbox"/> Active TB Infection Date(s): _____ List Medication(s): _____
ONLY If test is POSITIVE, proceed to Step 2 →	

5. TETANUS-DIPHTHERIA-PERTUSSIS (TdAP) required within the past 10 years

Only Tdap is accepted	Date of Most Recent Dose: ____/____/____ <small>Month Day Year</small>
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Last Name	First Name	Date of Birth: ___/___/___ <small>Month Day Year</small>
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6. HEPATITIS B VACCINE – 3 doses plus a quantitative lab result is REQUIRED

Date of Dose #1: ___/___/___ <small>Month Day Year</small>	Date of Dose #2: ___/___/___ <small>Month Day Year</small>	Date of Dose #3: ___/___/___ <small>Month Day Year</small>	Hep B Surface Antibody Quantitative Numeric result & titer attached: ___/___/___ <small>Month Day Year</small> Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
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7. COVID-19 VACCINATION – REQUIRED for all matriculating students
• Must have completed a single dose of updated bivalent vaccine

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

7. INFLUENZA VACCINATION: REQUIRED FOR ALL HEALTH SCIENCE STUDENTS, documentation to be submitted during flu season.
Online PA students only, please submit documentation here, on acceptance/matriculation.

Influenza (flu) Vaccine	Date of Vaccination: ___/___/___ <small>Month Day Year</small> <i>Must be between October and March of CURRENT academic year</i>
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OTHER VACCINES—Recommended but NOT REQUIRED

Hepatitis A Vaccine	Date of Dose #1: ___/___/___ <small>Month Day Year</small>	Date of Dose #2: ___/___/___ <small>Month Day Year</small>			
HPV Vaccine	<input type="checkbox"/> HPV 4 <input type="checkbox"/> HPV 9	Date of Dose #1: ___/___/___ <small>Month Day Year</small>	Date of Dose #2: ___/___/___ <small>Month Day Year</small>	Date of Dose #3: ___/___/___ <small>Month Day Year</small>	
Meningococcal Serogroup B Vaccine	<input type="checkbox"/> Bexsero, 2 doses <input type="checkbox"/> Trumenba, 3 doses	Date of Dose #1: ___/___/___ <small>Month Day Year</small>	Date of Dose #2: ___/___/___ <small>Month Day Year</small>	Date of Dose #3 (if Trumenba): ___/___/___ <small>Month Day Year</small>	
Yellow Fever	<input type="checkbox"/> Yellow Fever <input type="checkbox"/> Stamaril	Date of Dose: ___/___/___ <small>Month Day Year</small>			
Typhoid	Date of Dose: ___/___/___ <small>Month Day Year</small>				
Polio	Date of Most Recent Dose: ___/___/___ <small>Month Day Year</small> <input type="checkbox"/> Oral (OPV) <input type="checkbox"/> Injection (IPV)				

Clinician Name	Clinician Signature	Date	
Address (Include city and state)	Email	Telephone	Fax

Vaccine Portal Guide

Access 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 Mediat, 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 Mediat. 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@mediat.com for clarification. If after discussion with Mediat, 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.