

Visiting and Non-Degree Student Vaccination Record

Submit all completed forms and attachments by scanning and uploading them to the [vaccine portal](#).

Detailed instructions on page 2. Form is due one week before your arrival on campus.

Last Name	First Name	Date of Birth: Month Day Year ____/____/____	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: ____/____/____ Month Day Year	Dose #2: ____/____/____ Month Day Year	Booster (if indicated): ____/____/____ Month Day Year
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: ____/____/____ Month Day Year	Dose #2: ____/____/____ Month Day Year	
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: ____/____/____ Month Day Year		
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: ____/____/____ Month Day Year 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.		
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: ____/____/____ Month Day Year RESULT: <input type="checkbox"/> NEG <input type="checkbox"/> POS* Required: <input type="checkbox"/> Attach lab results.	Date planted: ____/____/____ Month Day Year Date read: ____/____/____ Month Day Year Interpretation: <input type="checkbox"/> NEG <input type="checkbox"/> POS POS* mm of duration: ____	Required ONLY if past or current positive TB skin or blood test. Not required if completed medication treatment for TB. Chest X-ray Date: ____/____/____ Month Day Year <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): _____	

*ONLY If test is POSITIVE, proceed TO Step 2 →

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

Vaccine Portal Guide

Please visit the vaccine portal (<https://yale.medicatconnect.com>). You will need your NetID and password to access the portal. The deadline for submission is August 1st, however, please submit as soon as you are able. In the event you do not have all the necessary vaccinations and/or titers, completion of the 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. If 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.