Welcome to Yale University!

In advance of your arrival, the following information is designed to assist you and your healthcare provider in understanding of the Connecticut State Department of Public Health’s Immunization Requirements.

Please read this information carefully and please provide this information to your healthcare provider. This will save you both time and expense.

Follow these instructions:

1. Print the vaccination record form and these instructions now.
2. Take them to your healthcare provider (physician, nurse practitioner, physician assistant, etc.) and have them fully complete the form.
3. On or after June 20, 2018, go to https://yale.medicalconnect.com.
   a. Enter your Yale NetID and password to log in.
   b. Enter the dates of all vaccinations.
   c. Scan or take a photo and upload this vaccination form and all supporting documents.
   d. Upload all of your forms and all of your documentation for verification purposes (scanned or photo).
   e. Await review and verification (1-5 business days)
   f. Respond, if necessary, to requests for further information or requests for corrective action.

The process of receiving these vaccinations, titers, etc. and meeting these requirements may take several months to complete, so please make an appointment with your healthcare provider as quickly as possible. PLEASE BEGIN THIS PROCESS NOW.

Essential Information for Incoming Health Sciences Students & Their Healthcare Providers

REQUIRED VACCINATIONS/TITERS:

Primary Hepatitis B Series:
- Dates of three hepatitis B vaccinations administered at the following intervals;
  (First vaccination, second vaccination administered 30 days later, and third vaccination 6 months after the first.)

And
- Laboratory report from a QUANTITATIVE HEPATITIS B SURFACE ANTIBODY TITER (drawn at least 30 days after last hepatitis B vaccination). This titer result must have a numeric value (number). If it does not have a number, an incorrect test (a qualitative titer) may have been ordered for you. Please discuss this with your healthcare provider. (UPLOAD LABORATORY REPORT)

Secondary Hepatitis B Series:
1. If your first QUANTITATIVE HEPATITIS B SURFACE ANTIBODY TITER value is less than 10, see your healthcare provider now, for a hepatitis B vaccination booster.
2. Wait 30 days and have the QUANTITATIVE HEPATITIS B SURFACE ANTIBODY TITER repeated.
3. If the test result is still less than 10, get another hepatitis B vaccination.
4. Wait 5 months and get another hepatitis B vaccination.
5. Wait one month and have the QUANTITATIVE HEPATITIS B SURFACE ANTIBODY TITER repeated.
6. Continue to document all of these vaccinations and titer results in Medicat and upload all titer results/vaccination documentation until the process has been completed.
Tuberculosis Screening:

**Step 1:**
Documentation of the result of PPD screening, within the past month is required. However, if you have ever had a positive PPD reading, do not have a PPD administered. In place of a PPD, steps 2 (IGRA testing) or 3 (chest X-ray) are acceptable alternatives.

**Step 2:**
IGRA blood testing, within the past month is required *regardless of prior BCG status*. If IGRA testing result is positive, please proceed to Step 3, for chest X-ray result reporting. (UPLOAD LABORATORY REPORT)

**Step 3:**
Chest X-Ray within the past 5 years: Please supply information regarding all evaluation and treatment information including a chest X-ray reading report completed by a radiologist. *(Upload radiologist’s report: Do not send chest X-ray films.)*

MMR (Measles, Mumps & Rubella):
- **Two** measles, mumps and rubella vaccinations (administered AFTER your FIRST BIRTHDAY and administered at least 28 days apart).

  **OR**

  - (TITER) Blood test results that show that you have immunity to MMR. If any of these tests are negative, revaccination is required. *(Upload the lab report with your completed Vaccination Record.)*

Varicella (chickenpox):
- **Two** varicella vaccinations (administered AFTER your FIRST BIRTHDAY and administered at least 28 days apart).

  **OR**

  - Documentation of date of disease as witnessed/treated by your healthcare provider.

  **OR**

  - (TITER) Blood test results that show that you have immunity to varicella. If this test is negative, revaccination is required. *(Upload the lab report with your completed Vaccination Record.)*

Meningitis:
- If you will be living in on-campus housing (dormitory facility), you are required to document the administration of one quadrivalent meningitis vaccination *administered within the past five years*. *(The only acceptable vaccines include: ACWY, Menvax, Nimenrix, Menactra, Mencevax, and Menomune.)*

*(On campus dormitory facilities include all the undergraduate residential colleges and the following graduate dormitories: 254 Prospect Street, 272 Elm Street, 276 Prospect Street, Baker Hall, Harkness Dormitory (Medical School,) and Helen Hadley Hall.)*
Yale

Tdap: Tetanus-diphtheria and Pertussis:

- Documentation of one Tdap vaccination, administered within the past ten years, is required.

Influenza (Physician Assistant Online Program students only):

- Documentation of one influenza vaccination within the past 6 months is required for all January start Physician Assistant On-line Program Students ONLY.

REQUESTING MEDICAL WAIVERS

Medical Waiver from Vaccination

In the event that you are requesting a Medical Waiver from Vaccination you must:

2. Although written for minors, you may sign it as it applies to you.
3. Have the document notarized by a Notary Public.
4. Attach a letter from your physician explaining the reason for the medical waiver.
5. In lieu of vaccinations, ask your physician to draw titters (blood tests to determine immunity) for measles, mumps, rubella and varicella and send the lab reports with the above-listed documentation.
# Health Sciences Student Vaccination Record

1. Print this form and the instructions now.
2. Take them to your healthcare provider (physician, nurse practitioner, physician assistant, etc.) and have them fully complete the form.
3. On or after June 20, 2018, go to [https://yale.mediatconnect.com](https://yale.mediatconnect.com).
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   e. Await review and verification (1-5 business days)
   f. Respond, if necessary, to requests for further information or requests for corrective action.

**DEADLINE: August 1**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth: <strong>/</strong>/__</th>
<th>Month Day Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail</td>
<td>Phone</td>
<td>Alternate Phone</td>
<td></td>
</tr>
</tbody>
</table>

## REQUIRED VACCINATIONS or PROOF OF IMMUNITY:

### Quantitative Hepatitis B Surface Antibody Titer
- Titer numerical result: _______ mIU/ml
  - Result must be greater than 10 mIU/ml or further vaccination and titers are required. Please review the instruction letter for further details.
- **SUBMIT TITERS RESULTS**

### Hepatitis B Vaccine
- Date of Dose #1: __/__/__ | Month Day Year
- Date of Dose #2: __/__/__ | Month Day Year
- Date of Dose #3: __/__/__ | Month Day Year

### Tuberculosis Skin Test (PPD) within the past month
- Date of PPD Test (within the past month): __/__/__ | Month Day Year
- Result: ______ mm
- **SUBMIT QUANTIFERON LAB RESULT OR CHEST XRAY RESULT IF APPLICABLE**

### Measles-Mumps-Rubella Vaccine
- Date of Dose #1: __/__/__ | Month Day Year
- Date of Dose #2: __/__/__ | Month Day Year
- OR Positive titers for measles (rubeola), mumps, and rubella
- Titer Results:
  - Measles: ______
  - Mumps: ______
  - Rubella: ______
- **SUBMIT ALL TITERS RESULTS**

### Varicella Vaccine
- Date of Dose #1: __/__/__ | Month Day Year
- Date of Dose #2: __/__/__ | Month Day Year
- OR Positive Titer for Varicella
- Varicella Titer Results: __________
- Date of Disease: __/__/__ | Month Day Year
- MD Signature: __________
- **SUBMIT ALL TITERS RESULTS**

<table>
<thead>
<tr>
<th>Clinician Name</th>
<th>Clinician Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Include city and state)</td>
<td>Email</td>
<td>Telephone</td>
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</tbody>
</table>
REQUIRED VACCINATIONS or PROOF OF IMMUNITY (continued):

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Date of Most Recent Dose:</th>
<th>Select: Td or Tdap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus-Diphtheria-Pertussis</td>
<td></td>
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<td>within the past 10 years</td>
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<td>Meningococcal Vaccine - Quadrivalent</td>
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<td>within the past 5 years</td>
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<td>ONLY IF LIVING IN CAMPUS HOUSING</td>
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<tr>
<td>Campus housing includes all the</td>
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<tr>
<td>undergraduate residential colleges</td>
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</tr>
<tr>
<td>and the following graduate</td>
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<tr>
<td>dormitories: 254 Prospect Street,</td>
<td></td>
<td></td>
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<tr>
<td>272 Elm Street, 276 Prospect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street, Baker Hall, Harkness</td>
<td></td>
<td></td>
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<tr>
<td>Dormitory (Medical School), and Helen Hadley Hall.</td>
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<tr>
<td>Influenza (flu) Vaccine within the</td>
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<tr>
<td>12 months</td>
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<td>ONLY FOR PHYSICIAN ASSISTANT ONLINE</td>
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<tr>
<td>PROGRAM</td>
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| Date of Last Dose:                  | Select Type: Menactra ACWY Menceveo Mencevax Nimenrix Menomune |
|                                    | CIRCLE THE VACCINE TYPE ADMINISTERED. |
|                                    | THESE ARE THE ONLY MENINGITIS VACCINES WHICH WILL BE ACCEPTED. |

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