Submit all completed forms and attachments by scanning and uploading them to [https://yale.medicatconnect.com](https://yale.medicatconnect.com), DUE: August 1, 2020

### IMMUNIZATION HISTORY

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

**Option 1**
Measles, Mumps, Rubella (MMR) Vaccination
(First dose must be given on or after your first birthday to be accepted)

<table>
<thead>
<tr>
<th>Dose #1:</th>
<th>Dose #2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

**Option 2**
In lieu of proof of vaccination above, a titer showing immunity to each individual disease is an acceptable alternative to vaccination.

- Measles Titer Result: ☐ Immune ☐ Not immune Date __________________ (month/day/year)
- Mumps Titer Result: ☐ Immune ☐ Not immune Date __________________ (month/day/year)
- Rubella Titer Result: ☐ Immune ☐ Not immune Date __________________ (month/day/year)

#### 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

<table>
<thead>
<tr>
<th>Dose #1:</th>
<th>Dose #2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

**Option 2**
In lieu of proof of vaccination above, a titer showing immunity to each individual disease is an acceptable alternative to vaccination.

- Varicella Titer Result: ☐ Immune ☐ Not immune* Date __________________ (month/day/year)

*If not immune, you are required to receive a booster and repeat the titer or receive two varicella vaccines in lieu of the booster and 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: __________ / __________ / __________

#### 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: __________ / __________ / __________
Vaccination must have been given within 5 years of your first day of class at Yale.

Exceptions to requirement:

- ☐ I will not be living in University owned dormitories
- ☐ I am over 29 years of age.

#### 4. TUBERCULOSIS (TB) screening is required of all students

**STEP 1: TB Blood Test/IGRA OR TB Skin Test (PPD)**

**STEP 2: Chest X-ray AND Medication Treatment**

**Recommended if prior BCG**

- ☐ Quantiferon ☐ T-Spot

Date:

<table>
<thead>
<tr>
<th>__________ / __________ / __________</th>
<th>__________ / __________ / __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month Day Year</td>
<td>Month Day Year</td>
</tr>
</tbody>
</table>

RESULT: ☐ NEG ☐ POS

Date planted: __________ / __________ / __________

Date read: __________ / __________ / __________

Interpretation: ☐ NEG ☐ POS

mm of duration: __________

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: __________ / __________ / __________

#### 6. HEPATITIS B VACCINE – 3 doses plus a quantitative lab result is required

Date of Dose #1: __________ / __________ / __________

Date of Dose #2: __________ / __________ / __________

Date of Dose #3: __________ / __________ / __________

Hep B Surface Antibody Quantitative Numeric Result & Titer Attached:

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Rev. 2/20
### REQUIRED FOR PHYSICIAN ASSISTANT ONLINE PROGRAM

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date of Vaccination:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza (flu) Vaccine within the past 12 months</td>
<td></td>
</tr>
</tbody>
</table>

**Date of Vaccination:**

- Month
- Day
- Year

### RECOMMENDED VACCINES

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date of Dose #1:</th>
<th>Date of Dose #2:</th>
<th>Date of Dose #3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A Vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV 9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV Vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal Serogroup B Vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ Bexsero, 2 doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ Trumenba, 3 doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yellow Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stamaril</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typhoid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ Oral (OPV)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ Injection (IPV)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Dose #1:**

- Month
- Day
- Year

**Date of Dose #2:**

- Month
- Day
- Year

**Date of Dose #3:**

- Month
- Day
- Year

**Clinician Name**

**Clinician Signature**

**Date**

**Address** (Include city and state)

**Email**

**Telephone**

**Fax**

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**Instructions for Submitting Forms and Supporting Documents to Medicat**

1. On or after June 20, 2019, go to [https://yale.medicatconnect.com](https://yale.medicatconnect.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. Verification takes 1-5 business days
   f. Respond, if necessary, to Medicat’s requests for further information or requests for corrective action.

**DEADLINE:** August 1

**NOTE:** Required pre-entrance vaccinations are not covered by your Yale Health insurance and not able to be obtained at the Yale Health Center without incurring the full cost of the vaccination and administration.

Upon acceptance you will automatically be placed on Health Hold until all required vaccination information is received. Compliance with vaccinations is mandatory and a Health Hold will prevent you from being able to register for classes. It is your responsibility to complete all vaccination requirements before coming to campus. Only Medicat can release your Health Hold.