Submit all completed forms and attachments by scanning and uploading them to [https://yale.medicatconnect.com](https://yale.medicatconnect.com), Due August 1, 2019

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth: Month Day Year</th>
<th>Preferred Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail</td>
<td>Phone</td>
<td>Sex Assigned at Birth</td>
<td>Gender Identity</td>
</tr>
</tbody>
</table>

## 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: Month Day Year</th>
<th>Dose #2: Month Day Year</th>
</tr>
</thead>
</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: Month Day Year</th>
<th>Dose #2: Month Day Year</th>
</tr>
</thead>
</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: Month Day Year |

### 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: Month Day Year

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) - 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)**

<table>
<thead>
<tr>
<th>Recommended if prior BCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Quantiferon ☐ T-Spot</td>
</tr>
</tbody>
</table>

Date planted: Month Day Year

Date read: Month Day Year

Interpretation: ☐ NEG ☐ POS

mm of duration: ________

RESULT: ☐ NEG ☐ POS

If test is POSITIVE, proceed to Step 2 ➔

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

Required 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

☐ Normal ☐ Abnormal

List Medication(s):

**5. TETANUS-DIPHTHERIA-PERTUSSIS required within the past 10 years**

Only Tdap is accepted

Date of Most Recent Dose: Month Day Year

**6. HEPATITIS B VACCINE - required**

Date of Dose #1: Month Day Year

Date of Dose #2: Month Day Year

Date of Dose #3: Month Day Year

Hep B Surface Antibody Titer Result:
☐ Immune ☐ Not Immune

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(check one)

☐ School of Medicine
☐ School of Nursing
☐ Physician Associate Program
☐ Physician Associate Online Program

Rev. 3/19
### STRONGLY 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 (if Trumenba):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis A Vaccine</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>HPV Vaccine</strong></td>
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<tr>
<td>☐ HPV 4</td>
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<tr>
<td>☐ HPV 9</td>
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<tr>
<td><strong>Meningococcal Serogroup B Vaccine</strong></td>
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</tr>
<tr>
<td>☐ Bexsero, 2 doses</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>☐ Trumenba, 3 doses</td>
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<tr>
<td><strong>Yellow Fever</strong></td>
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<tr>
<td>☐ Yellow Fever</td>
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<td></td>
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</tr>
<tr>
<td>☐ Stamaril</td>
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<td></td>
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<tr>
<td><strong>Typhoid</strong></td>
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</tr>
<tr>
<td><strong>Polio</strong></td>
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<td></td>
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</tr>
<tr>
<td>☐ Oral (OPV)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Injection (IPV)</td>
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<td></td>
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</tr>
<tr>
<td><strong>Influenza (flu) Vaccine within the past 12 months</strong></td>
<td>Date of Vaccination:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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.