Dear Incoming Student,

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. Do not mail or email this form to Yale Health, or anyone else at the University, it will be returned.
   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 all Incoming Undergraduate and Graduate Students & Their Healthcare Providers

REQUIRED VACCINATIONS/TITERS

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 vaccines accepted are: ACWY, Menevo, Nimenrix, Menactra, Mencevax, 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.

**Tuberculosis (TB) Screening**

• If you have lived or traveled outside of the U.S. within the past year, ask your healthcare provider to complete a TB Screen Testing and document it on the immunization record.

• **Chest Xray reports and QuantiFeron lab reports must be uploaded with your completed vaccination record.**

**RECOMMENDED VACCINATIONS**

While Tdap, hepatitis B, hepatitis A, HPV vaccine and meningitis B vaccination information may be submitted to complete your medical record, you are not required to provide this information.

**REQUESTING MEDICAL OR RELIGIOUS 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 titers (blood tests to determine immunity) for measles, mumps, rubella and varicella and send the lab reports with the above-listed documentation.

**Religious Waiver from Vaccination**

In the event that you are requesting a Religious 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. In lieu of vaccinations, ask your physician to draw titers (blood tests to determine immunity) for measles, mumps, rubella and varicella and send the lab reports with the above-listed documentation.
Undergraduate and Graduate 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. Do not mail or email this form to Yale Health, or anyone else at the University, it will be returned.
   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.

DEADLINE: August 1

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth: / / Month Day Year</th>
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<tr>
<td>E-mail</td>
<td>Phone</td>
<td>Alternate Phone</td>
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**REQUIRED VACCINATIONS or PROOF OF IMMUNITY:**

### 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
Measles Titer Result: Mumps Titer Result: Rubella Titer Result: SUBMIT ALL TITER RESULTS

### Varicella Vaccine
Date of Dose #1: / / Month Day Year
Date of Dose #2: / / Month Day Year

OR Positive Titer for Varicella
OR Physician Documented Disease (chicken pox)
Varicella Titer Results: SUBMIT ALL TITER RESULTS

### Meningococcal Vaccine - Quadrivalent
Within the Past 5 Years
Select Type: Menactra ACWY Mencevo Mencevax Nimenrix Menomune

If the student has lived or traveled outside the United States during the past year tuberculosis (TB) screening is REQUIRED

### Tuberculosis Skin Test (PPD)
within the past 6 months
OR QuantiFERON Lab Test
OR Chest Xray (if history of positive PPD)
Date of PPD Test: / / Month Day Year
Result: mm
Date of QuantIFERON Test: / / Month Day Year
Result: Date of Chest Xray: / / Month Day Year
Result:

**Clinician Name**

**Clinician Signature**

**Address** (Include city and state)

**Email**

**Telephone**

**Fax**

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### RECOMMENDED VACCINES

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date of Most Recent Dose</th>
<th>Select: Td or Tdap</th>
<th>Date of Dose #1:</th>
<th>Date of Dose #2:</th>
<th>Date of Dose #3:</th>
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<tbody>
<tr>
<td>Tetanus-Diphtheria-Pertussis</td>
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<td>within the past 10 years</td>
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<td>Hepatitis A Vaccine</td>
<td>Series of 2 doses</td>
<td>Date of Dose #1:</td>
<td>Date of Dose #2:</td>
<td>Date of Dose #3:</td>
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<tr>
<td>Hepatitis B Vaccine</td>
<td>Series of 3 doses</td>
<td>Date of Dose #1:</td>
<td>Date of Dose #2:</td>
<td>Date of Dose #3:</td>
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<tr>
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</tbody>
</table>

**Clinician Name**

**Clinician Signature**

**Date**

**Address** (Include city and state)

**Email**

**Telephone**

**Fax**

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### Instructions

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. Do not mail or email this form to Yale Health, or anyone else at the University, it will be returned.
4. On or after June 20, 2018, go to [https://yale.medicationconnect.com](https://yale.medicationconnect.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.
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