

## 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: <small>Month Day Year</small><br>____/____/____  | 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   |   |   |   |
| <b>Option 1</b>  | Measles, Mumps, Rubella (MMR) Vaccination <ul style="list-style-type: none"> <li>First dose must be given on or after your first birthday; second dose must be at least 28 days beyond first dose.</li> <li>If above not satisfied, obtain a booster and enter date given, or complete Option 2 below.</li> </ul> | Dose #1:<br><br>____/____/____<br><small>Month Day Year</small>   | Dose #2:<br><br>____/____/____<br><small>Month Day Year</small>   |
|  |   | Booster (if indicated):<br><br>____/____/____<br><small>Month Day Year</small>  |   |
| <b>Option 2</b>  | In lieu of proof of vaccination above, a titer showing immunity to each individual disease is an acceptable alternative to vaccination.<br><b>Required:</b> <input type="checkbox"/> Attach lab results   | Measles Titer Result: <input type="checkbox"/> Immune* Date _____ (month/day/year)<br>Mumps Titer Result: <input type="checkbox"/> Immune* Date _____ (month/day/year)<br>Rubella Titer Result: <input type="checkbox"/> Immune* Date _____ (month/day/year)<br><br>*If not immune, you are required to receive a booster and repeat the titer. |   |
| 2. VARICELLA Vaccination – required for all students born after 1979   |   |   |   |
| <b>Option 1</b>  | Varicella Vaccination – first dose must be given on or after your first birthday to be accepted   | Dose #1:<br><br>____/____/____<br><small>Month Day Year</small>   | Dose #2:<br><br>____/____/____<br><small>Month Day Year</small>   |
| <b>Option 2</b>  | In lieu of proof of vaccination above, a titer showing immunity is an acceptable alternative to vaccination.<br><b>Required:</b> <input type="checkbox"/> Attach lab results  | Varicella Titer Result:<br><input type="checkbox"/> Immune* Date _____ (month/day/year)<br>*If not immune, you are required to receive a booster and repeat the titer   |   |
| <b>Option 3</b>  | 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:<br><br>____/____/____<br><small>Month Day Year</small>   |   |
| 3. MENINGOCOCCAL Vaccination – required of all undergraduate and graduate students living in university dormitories  |   |   |   |
| Meningitis Vaccine (MCV 4)<br><br>Must cover strains A, C, Y, W-135 (Menactra, Menveo or Nimenrix)   | Date: ____/____/____<br><small>Month Day Year</small><br><br>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:<br><br><input type="checkbox"/> I will not be living in university-owned dormitories.<br><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<br><input type="checkbox"/> Quantiferon <input type="checkbox"/> T-Spot<br>Date:<br>____/____/____<br><small>Month Day Year</small><br><br>RESULT: <input type="checkbox"/> NEG <input type="checkbox"/> POS*<br><br>Required: <input type="checkbox"/> Attach lab results. |   | Date planted: ____/____/____<br><small>Month Day Year</small><br><br>Date read: ____/____/____<br><small>Month Day Year</small><br>Interpretation: <input type="checkbox"/> NEG <input type="checkbox"/><br><br>POS* mm of duration: ____   | Required ONLY if past or current positive TB skin or blood test. Not required if completed medication treatment for TB.<br><br>Chest X-ray Date:<br>____/____/____<br><small>Month Day Year</small><br><br><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal<br><br><input type="checkbox"/> Latent TB Infection<br><input type="checkbox"/> Active TB Infection<br><br>Date(s): _____<br>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<br>____/____/____<br>Month Day Year<br><input type="checkbox"/> Moderna<br><input type="checkbox"/> Pfizer<br><input type="checkbox"/> Johnson & Johnson/Janssen<br><input type="checkbox"/> Novavax<br><input type="checkbox"/> Other WHO approved<br>Name: | Date<br>____/____/____<br>Month Day Year<br><input type="checkbox"/> Moderna<br><input type="checkbox"/> Pfizer<br><input type="checkbox"/> Novavax<br><input type="checkbox"/> Other WHO approved<br>Name: | Date<br>____/____/____<br>Month Day Year<br><input type="checkbox"/> Moderna<br><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 1<sup>st</sup> (Fall) or December 15<sup>th</sup> (Spring), 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, message directly from within the portal for clarification. If after discussion with Medicat, you remain unclear as to next steps, email [campushealthcompliance@yale.edu](mailto:campushealthcompliance@yale.edu) to direct you to the correct resource. Please note high email volume may 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 Student Health at [immunization@yale.edu](mailto:immunization@yale.edu). Identify yourself as a non-degree student, so that we can formulate a plan.
6. **Off health hold** status indicates that you have satisfied all immunization requirements.