

# Yale UNIVERSITY HEALTH SERVICES

Due: **July 20, 2009**

## Health Professions Vaccination Record 2009-2010 Academic Year

**Return To:**  
Yale University Health Services  
New Student Forms  
17 Hillhouse Ave.  
P.O. Box 208237  
New Haven, CT 06520-8237

(check one)  School of Medicine  School of Nursing  Physician's Associate Program

<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth:</b> ____/____/____ Month Day Year
<b>E-mail</b>	<b>Phone</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender

Questions? Visit our Frequently Asked Questions (FAQ's): [www.yale.edu/yhp/med\\_services/immunization](http://www.yale.edu/yhp/med_services/immunization) or e-mail us [immunization@yale.edu](mailto:immunization@yale.edu).

<b>REQUIRED</b>	<b>Measles, Mumps, Rubella MMR - combined</b>	2 doses or a positive titer. Dose #1 on or after first birthday. Dose #2 at least 30 days after 1st dose and after 1/1/80.	Dose #1 ____/____/____ Month Day Year	Dose #2 ____/____/____ Month Day Year	<input type="checkbox"/> Attach titers		
	<b>OR</b>						
	<b>If single vaccines</b>	2 doses of <b>measles vaccine</b> or a positive titer	Dose #1 ____/____/____ Month Day Year	Dose #2 ____/____/____ Month Day Year	<input type="checkbox"/> Attach titer		
		2 doses of <b>mumps vaccine</b> or a positive titer	Dose #1 ____/____/____ Month Day Year	Dose #2 ____/____/____ Month Day Year	<input type="checkbox"/> Attach titer		
		1 dose of <b>rubella vaccine</b> or a positive titer	____/____/____ Month Day Year	<input type="checkbox"/> Attach titer			
		<b>Meningococcal Vaccine</b> (on or after 1/1/05) *if living on campus	Select type: <input type="checkbox"/> Menomune* <input type="checkbox"/> Menactra* <input type="checkbox"/> Mencevax* <input type="checkbox"/> ACWY vax* ____/____/____ Month Day Year	<input type="checkbox"/> Not living on campus			
		<b>Varicella Vaccine</b>	2 doses, disease date or positive titer	Dose #1 ____/____/____ Month Day Year	Dose #2 ____/____/____ Month Day Year	Disease Date ____/____/____ Month Day Year	<input type="checkbox"/> Attach titer
		<b>Tetanus, Diphtheria Pertussis</b>	One dose within 10 years Select type: <input type="checkbox"/> Td <input type="checkbox"/> Tdap ( <i>preferred</i> )	____/____/____ Month Day Year			
		<b>Polio Vaccine</b>	Date series completed or 1 does IPV	____/____/____ Month Day Year			
		<b>Hepatitis B Quantitative Titer</b>	Quantitative titer	<input type="checkbox"/> Attach titer			
<b>RECOMMENDED</b>	<b>Hepatitis B Vaccine</b>	Series of 3 doses	Dose #1 ____/____/____ Month Day Year	Dose #2 ____/____/____ Month Day Year	Dose #3 ____/____/____ Month Day Year		
	<b>PPD</b> Tuberculin skin test (Mantoux)	After January 2009	Date given ____/____/____ Month Day Year	Date read ____/____/____ Month Day Year	Result: ____ mm induration <input type="checkbox"/> Positive <input type="checkbox"/> Negative If PPD is positive attach: <input type="checkbox"/> Chest x-ray report and <input type="checkbox"/> Treatment report		
	<b>Hepatitis A Vaccine</b>	Series of 2 doses	Dose #1 ____/____/____ Month Day Year	Dose #2 ____/____/____ Month Day Year			
	<b>HPV Vaccine</b>	Series of 3 doses	Dose #1 ____/____/____ Month Day Year	Dose #2 ____/____/____ Month Day Year	Dose #3 ____/____/____ Month Day Year		

<b>Clinician Signature</b>	<b>Telephone</b>	<b>Date</b>
<b>Address</b>	<b>Fax</b>	

\* Campus housing includes the residential colleges and the following locations:

- 254 Prospect Street
- 276 Prospect Street
- Hall of Graduate Studies
- Harkness Dormitory (Medical School)
- Helen Hadley Hall
- Law School