REQUIRED IMMUNIZATION RECORD FORM

UNIVERSITY OF HARTFORD

PERSONAL INFORMATION

Name:	Student ID:	Date of Birth:
Date entering UHart:	I am going to study: ☐ Full time ☐ Part time	
Entering as: ☐ Undergraduate student ☐ Graduate student ☐ Transfer student		
Cell Phone:	Street:	
City:	State/Country:	ZIP:
University Email:		

EMERGENCY CONTACT

Name:	Phone:	Relationship:

VACCINES

State of Connecticut and the University of Hartford require two doses of MMR (measles, mumps, and rubella) and two doses of varicella **or** laboratory titers to show immunity. This section must be completed by a physician or someone operating under the direction of a physician. If you have any copy of these records from another institution, you may attach them to this form.

VACCINE	DATE	OR	TITER TEST RESULT	VACCINE	DATE	OR	TITER TEST RESULT
MMR #1			Date: ☐ + ☐ -	Varicella #1 (Chicken Pox)			Date: ☐ + ☐ -
MMR #2				Varicella #2			
				Varicella Disease History			

If you are planning on living on campus, your Meningitis (Menactra or Menveo) Vaccine must be within five years of entry to the University.

Living on Campus: ☐ Yes ☐ No	Date of vaccine: ☐ Menactra ☐ Menveo

COVID-19 VACCINE INFORMATION

Have you received the COVID-19 vaccine?: ☐ Yes ☐ No	Which brand?: ☐ Pfizer ☐ Moderna ☐ J & J ☐ Other
Date of first dose:	Date of second dose: Booster Dates:

FILLED OUT BY HEALTH CARE PROVIDER

I confirm that the information above is accurate (must be signed and stamped by a health-care provider).

Name:	Signature:	
Date:	Phone:	Fax:

This form must be completed and uploaded to the Health Services Student Portal by July 15 in order to move in and start classes. For more information and access to the portal, visit: hartford.edu/health-forms.