

REQUIRED IMMUNIZATION RECORD FORM

UNIVERSITY OF HARTFORD

PERSONAL INFORMATION

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

EMERGENCY CONTACT

Name:	Relationship:
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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: <input type="checkbox"/> + <input type="checkbox"/> -	Varicella #1 (Chicken Pox)			Date: <input type="checkbox"/> + <input type="checkbox"/> -
MMR #2				Varicella #2			
				Varicella Disease History			

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

Living on Campus: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of vaccine: <input type="checkbox"/> Menactra <input type="checkbox"/> Menomune
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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 emailed to Health Services at imrecords@hartford.edu by July 15 in order to move in and start classes. You will not be able to move into campus housing and/or start classes unless fully compliant. Fax: 860.768.5140