

REQUIRED IMMUNIZATION RECORD FORM

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:	Phone:	Relationship:
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IMMUNIZATION HISTORY

1. MEASLES, MUMPS, RUBELLA (MMR) – required for all students born after 1957			
Option 1:	Measles, Mumps, Rubella (MMR) Vaccination (First dose must be given on or after your first Birthday to be accepted.)	Dose #1 Date _____	Dose #2 Date _____
Option 2:	In lieu of proof of vaccination above, a titer showing immunity to each individual disease is an acceptable alternative to the vaccination.		
	Measles Titer Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	Date _____	
	Mumps Titer Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	Date _____	
	Rubella Titer Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	Date _____	
	*If not immune, you are required to receive a booster MMR and repeat the titer or receive two MMR vaccines in lieu of the booster and titer.		
Option 3:	Measles, Mumps, Rubella, Varicella (MMRV) Vaccination (First dose must be given on or after your first Birthday to be accepted.)	Dose #1 Date _____	Dose #2 Date _____
2. VARICELLA Vaccination – required for all students born after 1979			
Option 1:	Varicella Vaccination (First dose must be given on or after your first Birthday to be accepted.)	Dose #1 Date _____	Dose #2 Date _____
Option 2:	In lieu of proof of vaccination above, a titer showing immunity to each individual disease is an acceptable alternative to the vaccination.		
	Varicella Titer Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	Date _____	
	*If not immune, you are required to receive a booster MMR and repeat the titer or receive two MMR vaccines in lieu of the booster and titer.		
Option 3:	An incidence of disease (chicken pox) will take the place of a vaccine requirement. (Must be filled in by a Physician/APRN/PA)	Varicella Disease Date _____	
3. Meningococcal (MCV4) Vaccination – Required of all students living in university housing.			
<input type="checkbox"/> Menactra <input type="checkbox"/> Menveo <input type="checkbox"/> MenQuadfi Must cover strains A, C, Y, W-135 Polysaccharide strain not accepted	Date _____	Vaccination must have been given with 5 years of your first date of classes at UHart and after your 16 th Birthday.	Exceptions to requirement: <input type="checkbox"/> I will not be living in campus owned housing.

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 to move in and start classes. For more information and access to the portal, visit: hartford.edu/health-forms.