Dear Incoming Healthcare Professions Student,

Welcome to Yale University!

In advance of your arrival, the following information is designed to assist you and your Healthcare Provider with gaining an understanding of the Connecticut State Department of Public Health’s Immunization Requirements (and the associated form) for all Incoming Healthcare Professions Students.

Please read this information carefully and please provide this information to your healthcare provider. This will save you both time and expense.

Your completed Yale Health Professions Vaccination Form must be received by us by the deadline date of **July 18th**.

The process of receiving these vaccinations, titers, etc. and meeting these requirements may take up to six months to complete, so please make an appointment with your healthcare provider as quickly as possible. **PLEASE BEGIN THIS PROCESS NOW.**
**Primary Hepatitis B Series:**

- Laboratory Report (attach) from a **Quantitative Hepatitis B Surface Antibody Titer** (drawn at least 30 days after last Hepatitis B Vaccination)

  **AND**

  - Dates of three Hepatitis B Vaccinations administered at the following intervals; (First vaccination, Second vaccination administered 30 days later, and third vaccination 6 months after the first.)

**Secondary Hepatitis B Series:**

If the primary Quantitative Hepatitis B Surface Antibody Titer was determined to have been negative, complete a second Hepatitis B Series (following the same vaccination schedule as first series), followed by another Quantitative Hepatitis B Surface Antibody Titer lab test. (Secondary Series)

If the second Quantitative Hepatitis B Surface Antibody Titer remains negative after a second series, additional testing should include Hepatitis B Surface Antigen testing.

*All of this Documentation Must Be Provided To The Incoming Student Immunization Program.*

**Tuberculosis Screening:**

- Documentation of the result of PPD screening, within the past 6 months (January through July of current year) is required. However, if you have ever had a positive PPD reading, do not have a PPD administered. Please move on to Step 2, for IGRA Testing.

**Step 2:**

- IGRA blood testing, within the past six months (January through July of the current year) is required regardless of prior BCG status. If IGRA Testing Result is Positive, please proceed to Step 3, for Chest X-Ray Result reporting.

**Step 3:**

- Chest X-Ray: Please supply information regarding all evaluation and treatment information including a Chest X-ray Reading Report completed by a Radiologist.
MMR (Measles, Mumps & Rubella):

- **Two** measles, mumps and rubella vaccinations (administered **AFTER** your FIRST BIRTHDAY and administered **at least 28 DAYS APART**)
  
  OR

- **Quantitative Serum IgG Titer** which demonstrates your immunity to these three diseases.
  
  *(Attach the lab report to your completed Immunization Form)*

If the **Quantitative Serum IgG Titer** result is negative, request revaccination by your healthcare provider (now and again at least 28 days later) and provide the dates of these two MMR vaccinations.

Varicella:

- **Two** varicella vaccinations (administered **AFTER** your FIRST BIRTHDAY and administered **at least 28 DAYS APART**)
  
  OR

- Documentation of date of disease as witnessed/treated by your Healthcare Provider
  
  OR

- **Quantitative Serum IgG Titer** which demonstrates your immunity to varicella.
  
  *(Attach the lab report to your completed Immunization Form)*

If your **Quantitative Serum IgG Titer** result is negative, request revaccination by your healthcare provider (now and again at least 28 days later) and provide the dates of the two Varicella vaccinations.

Meningitis:

- If you will be living in on-campus congregate housing (dormitory facility), you are required to document the administration of one **Quadrivalent Meningitis Vaccination administered within the past five years**.
  
  *(Named vaccines: ACWY, Menvoe, Nimenrix, Menactra, Mencevax, Menomune)*

- Campus housing includes all the undergraduate residential colleges and the following graduate dormitories: 254 Prospect Street; 276 Prospect Street; Hall of Graduate Studies; Harkness Dormitory (Medical School) and Helen Hadley Hall.

Recommended (Not Required)

**Tdap: Tetanus-diphtheria and pertussis:**

- Documentation of one Tdap Vaccination administered within the past ten years is recommended.

**Polio:**

- Documentation of the most recent dose of Polio Vaccination
Important Information about Titers and Vaccinations (PLEASE READ CAREFULLY)

Serum Titers are blood tests that measure whether or not you are immune to a given disease. More specifically a QUANTITATIVE SERUM TITER is a titer with a numerical value indicating your actual degree of immunity to a disease. When providing Quantitative Titer results, please provide a copy of the official LABORATORY REPORT containing the numerical values and the lab’s reference ranges for a positive result.

1. For all Vaccination Requirements: If you do not have a record of the previous vaccinations you have received, please get your titers drawn first.
   - Why? Measure your immunity before getting vaccinated. Your titers may indicate a high level of immunity to a specific disease, in which case you won’t need to be vaccinated for that disease.

2. Please get the EXACT TYPE OF TITER that you are being asked to provide.

The Most Common Mistakes: (Resulting in Delays and Additional Cost)

- **Quantitative vs Qualitative Titters:** Quantitative Titters have a numerical value, Qualitative titers merely measure “immunity vs. non-immunity” (with no numerical value). Be sure to get Quantitative Titters. If you do not get Quantitative Titters done, we will ask you to get them redone and this will result in both time delays and additional cost to you for testing.

- **IgG vs. IgM Titters:** You need IgG Titters. Please do not have IgM Titters drawn

- **HbsAb IgG vs. HbsAG IgG Titters:** You need Quantitative Hep B Ab (Antibody) Titters not Hep B Antigen Titters

- **Reports (laboratory, chest x-ray readings, etc.) AND FORMS are not submitted in the English language. (All information must be translated and documented in the English language before submission)**

- If the titer for a specific disease shows that you are not immune, you need to get vaccinated or re-vaccinated.
  - Note: This is where previous vaccination records are helpful. Vaccinations for different diseases have different timelines and number of vaccinations needed (e.g. Varicella - 2 vaccinations administered at least 30 days apart vs. Hepatitis B - 3 vaccination series administered over the course of a five month period). If a specific titer indicates non-immunity please have the vaccination series repeated.
• Varicella and MMR Vaccinations: If you need to be vaccinated or re-vaccinated against these
diseases, please ask your healthcare provider to administer the first MMR and Varicella Vaccinations
**On the same day.** The second vaccination in the series should include MMR and Varicella
vaccination(s) administered together, no less than 30 days later.

  - These are live vaccines, so if they are not administered together on the same day, it will take 120
days to complete both series, rather than 60 days, when administered together.

**What To Do If Any Of Your Quantitative Titters Are Reported To Be Negative (Not-Immune):**

1. Consult your healthcare provider about your vaccination history – how many vaccinations have you
   already received for this disease?
2. If you haven’t already had it, start the vaccination series for the disease to which you have no immunity.
   If you are partially completed, finish the series.
3. After completing the series, wait 30 days and then have a follow-up titer drawn.

**What To Do If Your Follow-up Titer Result Remains Negative (Non-responder)**

1. If you have received all of the immunizations possible (by completing all of the series and repeat series,
   if necessary), you may not convert to an immune status. At this point, it is okay to stop. We will need all
   of your documentation for all vaccinations and titers. While you will be permitted to fully participate in
   your clinical rotations, you will also be advised to meet with the Yale Health Center’s Department of
   Student Health to discuss risk potential and the steps which you will need to take to prevent contracting
   that particular disease.
# Health Professions Vaccination Record

## 2016-2017 Academic Year

<table>
<thead>
<tr>
<th>Required Vaccinations or Proof of Immunity</th>
<th>Date of Dose #1</th>
<th>Date of Dose #2</th>
<th>Date of Dose #3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quantitative Hepatitis B</strong></td>
<td>_____ / _____ / ____</td>
<td>_____ / _____ / ____</td>
<td>_____ / _____ / ____</td>
</tr>
<tr>
<td>Surface Antibody Titer</td>
<td>Titer Results: _________ mIU/ml</td>
<td>(Positive result must be greater than 10 mIU/ml)</td>
<td>PLEASE ATTACH LAB REPORT TITER RESULTS.</td>
</tr>
<tr>
<td><strong>Hepatitis B Vaccine</strong></td>
<td>Date of Dose #1: _____ / _____ / ____</td>
<td>Date of Dose #2: _____ / _____ / ____</td>
<td>Date of Dose #3: _____ / _____ / ____</td>
</tr>
<tr>
<td><strong>Tuberculosis Skin Test (PPD) Within the</strong></td>
<td>Date of PPD Test: _____ / _____ / ____</td>
<td>Date of Quantiferon Test: _____ / _____ / ____</td>
<td>PLEASE ATTACH QUANTIFERON LAB RESULT OR CHEST XRAY RESULT IF APPLICABLE</td>
</tr>
<tr>
<td>Past 6 Months, OR Quantiferon Lab Test</td>
<td>Result: _____________ mm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR Chest Xray (if history of positive PPD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles-Mumps-Rubella Vaccine</strong></td>
<td>Date of Dose #1: _____ / _____ / ____</td>
<td>Date of Dose #2: _____ / _____ / ____</td>
<td></td>
</tr>
<tr>
<td><strong>OR Positive Titers for:</strong></td>
<td>Titer Results:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles (Rubeola)</td>
<td>Measles: ________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>Mumps: ________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td>Rubella: ________</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Varicella Vaccine</strong></td>
<td>Date of Dose #1: _____ / _____ / ____</td>
<td>Date of Dose #2: _____ / _____ / ____</td>
<td></td>
</tr>
<tr>
<td><strong>OR Positive Titer for Varicella</strong></td>
<td>Varicella Titer Results:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OR Physician Documented Disease</strong></td>
<td>Date of Disease: _____ / _____ / ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(chicken pox)</td>
<td>MD Signature:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meningococcal Vaccine - Quadrivalent</strong></td>
<td>Date of Last Dose: _____ / _____ / ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within the Past 5 Years (ONLY IF LIVING ON CAMPUS®)</td>
<td>Select Type:</td>
<td>Menactra ACWY Menveo Menecevax Nimenrix Menomune</td>
<td></td>
</tr>
</tbody>
</table>

## Recommended Vaccinations: (Not Required)

<table>
<thead>
<tr>
<th>Tetanus-Diphtheria-Pertussis Within the Past 10 Years</th>
<th>Date of Most Recent Dose: _____ / _____ / ____</th>
<th>Select: Td or Tdap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio</td>
<td>Date of Most Recent Dose: _____ / _____ / ____</td>
<td>Select: Oral (OPV) or Injection (IPV)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinician Name</th>
<th>Clinician Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Include city and state)</td>
<td>Email</td>
<td>Telephone</td>
</tr>
</tbody>
</table>
It is MANDATORY that you complete the requirements and submit proof of immunizations before your arrival at Yale University.

Mail your completed forms and documentation to:
Yale Health
New Student Forms
P.O. Box 208237
New Haven, CT 06520-8237
USA

Courier address:
Yale Health
c/o Reginald MacDonald
HIS Department
55 Lock Street
New Haven, CT 06511
USA

Questions? Visit our Frequently Asked Questions (FAQ’s): yalehealth.yale.edu/immunization or e-mail us immunization@yale.edu (this email address cannot accept your form).