Wesleyan University

# STUDENT IMMUNIZATION RECORD

**Submit all complete forms and attachments by scanning and uploading them to the student health portal - https://wesleyan.medicatconnect.com/home. Due July 15th 2025.**

| Last Name: | First Name: | Date of Birth: ___/___/___ MM DD YYYY | Preferred Name: |
|---|---|---|---|
| Email: | Cell Phone: | Gender Identity: | Wes ID: |

## REQUIRED VACCINATIONS

### Measles, Mumps Rubella MMR Vaccination – required of all students born after 1957

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|---|---|---|---|---|
| **Measles, Mumps, Rubella (MMR) Vaccine - combined** | 2 doses. Dose #1 on or after 1st birthday. Dose #2 ≥28 days after dose #1. | Dose #1 ___/___/___ MM DD YYYY | Dose #2 ___/___/___ MM DD YYYY | |
| OR | | | | |
| **If administered separately or proof of immunity by titer.** **Copy of lab titer result(s) required.*** | 2 doses of **measles vaccine** or a positive titer. Dose #2 ≥ 28 days after dose #1. | Dose #1 ___/___/___ MM DD YYYY | Dose #2 ___/___/___ MM DD YYYY | Measles Titer* ☐ Immune ☐ Not Immune Not immune booster required. |
| | 2 doses of **mumps vaccine** or a positive titer. Dose #2 ≥ 28 days after dose #1. | Dose #1 ___/___/___ MM DD YYYY | Dose #2 ___/___/___ MM DD YYYY | Mumps Titer* ☐ Immune ☐ Not Immune Not immune booster required. |
| | 2 doses of **rubella vaccine** or a positive titer. Dose #2 ≥ 28 days after dose #1. | Dose #1 ___/___/___ MM DD YYYY | Dose #2 ___/___/___ MM DD YYYY | Rubella Titer* ☐ Immune ☐ Not Immune Not immune booster required. |

### Meningococcal Vaccine (MenACWY) Vaccination– required of all students living on campus

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|---|---|---|---|
| ☐ Menactra ☐ MenQuadfi ☐ Menveo ☐ Nimerex **Must cover strains A, C, Y, W-135. Polysaccharide (MPSV4) vaccine not accepted.** | 1 dose if administered ≥ age 16 and within 5 years of the 1st day of classes. | ___/___/___ MM DD YYYY | Exemption to requirement: ☐ I will not be living on campus |

### Tuberculosis Screening – required if person has lived or traveled outside the United States for greater than 1 month

| TB Blood Test/IGRA or TB Skin Test (PPD) | | Chest X-ray | Medication Treatment |
|---|---|---|---|
| **Recommended if prior BCG** ☐ Quantiferon ☐ T-Spot Date: ___/___/___ MM DD YYYY Result: ☐ Negative ☐ Positive **Copy of lab result required.*** | Date administered: ___/___/___ MM DD YYYY Date read: ___/___/___ MM DD YYYY mm of induration: | Required if history of current or past positive TB blood or skin test. Not required if completed medication regimen to treat TB. Chest X-ray Date: ___/___/___ MM DD YYYY ☐ Normal ☐ Abnormal X-ray report must be attached* | ☐ Latent TB Infection ☐ Active TB Infection Date(s): _____ List Medication(s): |

### Varicella Vaccination – required for all students born after 1979

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|---|---|---|---|---|---|
| **Varicella Vaccine** (Chicken Pox) **Copy of lab titer result required.*** | 2 doses, date of clinician's diagnosis or positive titer. Dose #1 on or after 1st birthday. Dose #2 ≥ 28 days after dose #1. | Dose #1 ___/___/___ MM DD YYYY | Dose #2 ___/___/___ MM DD YYYY | Clinical Diagnosis ___/___/___ MM DD YYYY | Varicella Titer* ☐ Immune ☐ Not Immune Not immune booster required. |

## RECOMMENDED VACCINATIONS

| | | | | | |
|---|---|---|---|---|---|
| **Adult Tetanus Vaccine** | 1 dose within 10 years<br>Select Type: ☐ Td ☐ Tdap ***(preferred)*** | | | ____/____/____<br>MM DD YYYY | |
| **Covid-19 Vaccine** | 1-2 dose series. Booster Dose (bivalent preferred).<br>☐ Janssen (J&J) ☐ Moderna ☐Novovax ☐ Pfizer<br>☐ Other (Name of WHO approved vaccine):<br>_____ | Dose #1<br>____/____/____<br>MM DD YYYY<br>Brand _____ | Dose #2<br>____/____/____<br>MM DD YYYY<br>Brand _____ | Booster Dose<br>____/____/____<br>MM DD YYYY<br>Brand _____<br>Monovalent or Bivalent | |
| **Hepatitis A Vaccine** | 2 doses. | Dose #1<br>____/____/____<br>MM DD YYYY | Dose #2<br>____/____/____<br>MM DD YYYY | | |
| **Hepatitis B Vaccine** | 3 dose series. | Dose #1<br>____/____/____<br>MM DD YYYY | Dose #2<br>____/____/____<br>MM DD YYYY | Dose #3<br>____/____/____<br>MM DD YYYY | Hepatitis B Titer<br>☐ Reactive ☐ Non-Reactive |
| **HPV Vaccine** | 2-3 dose series.<br>☐ Gardasil<br>☐ Gardasil 9 | Dose #1<br>____/____/____<br>MM DD YYYY | Dose #2<br>____/____/____<br>MM DD YYYY | Dose #3<br>____/____/____<br>MM DD YYYY | |
| **Meningococcal B Vaccine** | 2-3 dose series.<br>☐ Bexsero<br>☐ Trumenba | Dose #1<br>____/____/____<br>MM DD YYYY | Dose #2<br>____/____/____<br>MM DD YYYY | Dose #3 (If Trumenba)<br>____/____/____<br>MM DD YYYY | |
| **Other** | | | | | |

Health Care Provider Signature/Stamp Required (MD, DO, PA, APRN) OFFICE STAMP

Provider Signature: _____Date:_____

Provider Name (print): _____Phone: _____

Address: _____

## Wesleyan Health Portal Instructions

The health portal https://wesleyan.medicatconnect.com/home.aspx launches for new students in early June 2025. You will need your Wesleyan credentials and password to access the portal. Deadline for submission is July 15, 2025. Please try to forward as soon as possible, particularly if you do not have all of the necessary vaccinations/titers. Health requirement completion can take up to several seeks. Please note that if information remains outstanding and has not been verified, you WILL NOT be able to register for classes.

1. Have your primary care provider complete this form. You may need additional vaccinations or titers. Review to make sure all information is documented and accurate.
2. Go to the student health portal. Enter all dates for vaccinations and titers and upload this immunization form and other attachments. All documentation must be translated in English.
3. Read all email correspondence from Medicat. These alerts are advising you of missing documentation or incorrect information. If you are receiving alerts, you are not cleared to register for classes. Follow provided instructions. Please respond directly through the portal or email healthforms@wesleyan.edu with any questions.
4. If you are unable to obtain any of the required vaccinations prior to your campus arrival, please notify the Davison Health Center at healthforms@wesleyan.edu or call 860.685.2470.