



Wesleyan University

STUDENT IMMUNIZATION RECORD

Submit all complete forms and attachments by scanning and uploading them to the student health portal -wesleyan.mediatconnect.com/ **Due July 5th 2023.**

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

Measles, Mumps, Rubella (MMR) Vaccine - combined	2 doses. Dose #1 on or after 1 st birthday. Dose #2 ≥ 28 days after dose #1.	Dose #1 ____/____/____ MM DD YYYY	Dose #2 ____/____/____ MM DD YYYY
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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* <input type="checkbox"/> Immune <input type="checkbox"/> 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* <input type="checkbox"/> Immune <input type="checkbox"/> 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* <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune Not immune booster required.

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

<input type="checkbox"/> Menactra <input type="checkbox"/> MenQuadfi <input type="checkbox"/> Menveo <input type="checkbox"/> 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 1 st day of classes.	____/____/____ MM DD YYYY	Exemption to requirement: <input type="checkbox"/> I will not be living on campus
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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 <input type="checkbox"/> Quantiferon <input type="checkbox"/> T-Spot Date: ____/____/____ MM DD YYYY Result: <input type="checkbox"/> Negative <input type="checkbox"/> 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 <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal X-ray report must be attached*	<input type="checkbox"/> Latent TB Infection <input type="checkbox"/> Active TB Infection Date(s): _____ List Medication(s):

Varicella Vaccination – required for all students born after 1979

Varicella Vaccine (Chicken Pox)	2 doses, date of clinician's diagnosis or positive titer. Dose #1 on or after 1 st 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* <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune Not immune booster required.
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RECOMMENDED VACCINATIONS

Adult Tetanus Vaccine	1 dose within 10 years Select Type: <input type="checkbox"/> Td <input type="checkbox"/> Tdap (<i>preferred</i>)	<div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>		
Covid-19 Vaccine	1-2 dose series. Booster Dose (<i>bivalent preferred</i>). <input type="checkbox"/> Janssen (J&J) <input type="checkbox"/> Moderna <input type="checkbox"/> Novovax <input type="checkbox"/> Pfizer <input type="checkbox"/> Other (Name of WHO approved vaccine): <div style="border-bottom: 1px solid black; width: 100%;"></div>	Dose #1 <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div> Brand _____	Dose #2 <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div> Brand _____	Booster Dose <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div> Brand _____ <i>Monovalent or Bivalent</i>
Hepatitis A Vaccine	2 doses.	Dose #1 <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	Dose #2 <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	
Hepatitis B Vaccine	3 dose series.	Dose #1 <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	Dose #2 <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	Dose #3 <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>
HPV Vaccine	2-3 dose series. <input type="checkbox"/> Gardasil <input type="checkbox"/> Gardasil 9	Dose #1 <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	Dose #2 <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	Dose #3 <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>
Meningococcal B Vaccine	2-3 dose series. <input type="checkbox"/> Bexsero <input type="checkbox"/> Trumenba	Dose #1 <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	Dose #2 <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	Dose #3 (If Trumenba) <div style="display: flex; justify-content: space-around;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>
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>) launches for new students in early June 2023. You will need your Wesleyan credentials and password to access the portal. **Deadline for submission is July 5, 2023.** 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 weeks. 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.