REQUIRED IMMUNIZATION RECORD FORM

UNIVERSITY OF HARTFORD

PERSONAL INFORMATION

te of Connecticut and the University of Hartford require two doses of MMR (measles, mumps and rubella) and two doses of er all 4 vaccines) received after your first birthday or laboratory titers to show immunity. This section must be completed by trating under the direction of a physician. If you have any copy of these records from another institution you may attach the Vaccine Date Or MMR Titer Test Result Vaccine Date Or Var MMR #1 Date: Varicella #1 Date:						
Entering as:	Name:	Student I	Student ID:		Date of Birth:	
Cell Phone: Street: City: State/Country: ZIP: University Email: MERGENCY CONTACT Name: Phone: Relationship: ACCINES Se of Connecticut and the University of Hartford require two doses of MMR (measles, mumps and rubella) and two doses of er all 4 vaccines) received after your first birthday or laboratory titers to show immunity. This section must be completed by arting under the direction of a physician. If you have any copy of these records from another institution you may attach the Vaccine Date Or MMR Titer Test Result Vaccine Date Or Varicella #1	Date entering UHart:	I am going to stu	ıdy: Full time		Part time	
City: State/Country: ZIP: University Email: MERGENCY CONTACT Name: Phone: Relationship: ACCINES Se of Connecticut and the University of Hartford require two doses of MMR (measles, mumps and rubella) and two doses of er all 4 vaccines) received after your first birthday or laboratory titers to show immunity. This section must be completed by rating under the direction of a physician. If you have any copy of these records from another institution you may attach the Vaccine Date Or MMR Titer Test Result Vaccine Date Or Var MMR #1 Date: Varicella #1 Date: Measles: + - Mumps: + - Mumps: + - Mumps: + - Mumps: + - Varicella #2 Varicella #2 Varicella Disease History (Chicken Pox)	Entering as: Undergraduate stu	dent Gra	aduate student	Transfe	rstudent	
University Email: MERGENCY CONTACT Name: Phone: Relationship: ACCINES The of Connecticut and the University of Hartford require two doses of MMR (measles, mumps and rubella) and two doses of ear all 4 vaccines) received after your first birthday or laboratory titers to show immunity. This section must be completed by rating under the direction of a physician. If you have any copy of these records from another institution you may attach the market of the ma	Cell Phone:	Street:				
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MMR #2 Measles : + - Varicella #2 Varicella #2	Vaccine Date Or	MMR Titer Test Resu	1 1		Or Varicella Titer Test Result	
MMR #2 Measles : □ + □ - Mumps: □ + □ - Rubella: □ + □ - Varicella #2 Varicella #2 MMRV #1 Varicella Disease History (Chicken Pox)	Vaccine Date Or	MMR Titer Test Resu	ult Vaccine	Date C		
MMR #2 Mumps: □ + □ - Varicella #2 Numps: □ + □ - Or MMRV #1 Varicella Disease History (Chicken Pox)	MMR #1	Date:	Varicella #1		Date:	
Or Rubella: □ + □ - Varicella Disease History (Chicken Pox)	MMR #2		Varicella #2		Varicella: □ + □ -	
(Chicken Pox)	Or		Or			
MMRV #2 Date:	MMRV #1			e History		
	MMRV #2		Date:			
you are planning on living on campus, your Meningitis (Menactra, MenQuadfi, or Menveo) Vaccine must be within five years of entry to	vou are planning on living on campus your Me	ingitis (Menactra MenQuadfi (or Menyeo) Vaccine must be	ewithin fivevear	s of entry to the University and after	
kteenth birthday.	kteenth birthday.					
Living on Campus: Yes No Date of vaccine: Menactra MenQuadfi	Living on Campus: Yes	No Date of vacci	ine: Menad	ctra	enQuadfi Menveo	
		e (must be signed and stam	Signature:	viaer). 		
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.