

UConn Student ID#: \_\_\_\_\_

**Deadline – This form must be submitted by June 1**

C.G.S.A. Sec. 10a-155 requires each full-time or matriculating student born after December 31, 1956, to provide proof of adequate immunization against Measles, Rubella, Varicella (Chickenpox) and Mumps before permission to enroll can be granted. This form is required prior to starting coursework at the University of Connecticut School of Social Work.

<b>Last Name</b>		<b>First Name</b>	<b>Middle Name/Initial</b>
<b>Home Address</b> Street City/State/Zip Country		<b>Date of Birth</b>  ____/____/____ Month Day Year	
<b>E-mail</b>	<b>Phone</b>		<b>Preferred Gender Identity</b>

This section must be certified by a physician or an advanced practice registered nurse.

OPTION 1: RECORD OF VACCINATION			OPTION 2: PROOF OF IMMUNITY		
First dose must be on or after 1 <sup>st</sup> birthday and 1/1/69. Second dose must be at least 28 days after 1 <sup>st</sup> dose.			Evidence of immunity via test results (titer) or confirmed case of the disease.		
Vaccination Type	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	Date of Test	Result of Test	Date of Disease
Measles	____/____/____ Month-Day-Year	____/____/____ Month-Day-Year	____/____/____ Month-Day-Year	<input type="checkbox"/> Immune	____/____/____ Month-Day-Year
				<input type="checkbox"/> Not Immune	
Mumps	____/____/____ Month-Day-Year	____/____/____ Month-Day-Year	____/____/____ Month-Day-Year	<input type="checkbox"/> Immune	____/____/____ Month-Day-Year
				<input type="checkbox"/> Not Immune	
Rubella	____/____/____ Month-Day-Year	____/____/____ Month-Day-Year	____/____/____ Month-Day-Year	<input type="checkbox"/> Immune	____/____/____ Month-Day-Year
				<input type="checkbox"/> Not Immune	

**OR**

<b>M-M-R</b>	____/____/____ Month-Day-Year	____/____/____ Month-Day-Year			
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**AND**

<b>Varicella</b> if born after 1/1/1980	____/____/____ Month-Day-Year	____/____/____ Month-Day-Year	____/____/____ Month-Day-Year	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	____/____/____ Month-Day-Year
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I hereby certify that this student has been immunized or has evidence of immunity as indicated above.

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Clinician Name (print)</b>	<b>Telephone</b>	<b>Fax</b>
<b>Practice Street Address</b>	<b>City, State, Zip Code</b>	

**Submit Completed Documentation & Attachments To:**

UConn Student Health Services  
 Medical Records Dept.  
 234 Glenbrook Rd, U-4011  
 Storrs, CT 06269-4011  
 FAX – 860-486-5300

Questions? 860-486-4700 or [shs@uconn.edu](mailto:shs@uconn.edu)

**Don't forget to make a copy and keep for your records!**

OPTIONS 3 & 4: Medical or Religious exemption on page 3

# University of Connecticut Tuberculosis (TB) Assessment

UConn Student Health Services, 234 Glenbrook Rd, Storrs, CT 06269    FAX: 860-486-5300    PH: 860-486-4700    SHS.UCONN.EDU

Student Last Name		Student First Name		Student Middle Name
Date of Birth: <small>MM/DD/YYYY</small>	Legal Gender:	Preferred Gender Identity:		Net ID

YEAR BEGINNING AT UCONN \_\_\_\_\_  Fall  Spring

CAMPUS ATTENDING:  SSW    STORRS    AVERY POINT    HARTFORD    STAMFORD    TORRINGTON    WATERBURY

## TUBERCULOSIS (TB) RISK QUESTIONNAIRE (Questions a. through d. to be answered by the student)

a) Have you ever had a positive tuberculosis skin or blood test in the past? <span style="color: red;">If YES, Go to Chest X-ray / Medication sections below</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) To the best of your knowledge have you ever had close contact with anyone who was sick with tuberculosis (TB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Were you born in one of the countries listed below? <span style="color: red;">If yes, please circle which one(s)</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Have you traveled to or lived for more than one month in one or more of the countries listed? <span style="color: red;">If yes, please circle which one(s)</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IF you answered NO to all questions no further action is required.**

IF you answered YES to any question in b through d you must have a TB blood or skin test and provide the results below. A chest x-ray is not accepted for b through d YES answers.

No exemption for prior BCG. If you have received BCG in the past, a TB blood test is recommended however a TB skin test is accepted.

## TUBERCULOSIS (TB) TESTING (Results below to be documented by healthcare provider.)

Testing and Chest X-ray (if required) must be done within 6 months prior to the start of school.

<b>TB BLOOD TEST (IGRA)</b> <span style="color: red;">Recommended if prior BCG</span> <input type="checkbox"/> Quantiferon <input type="checkbox"/> T-Spot Date: _____ <b>Result:</b> <input type="checkbox"/> NEG <input type="checkbox"/> POS <input type="checkbox"/> Indeterminate	<b>OR TB SKIN TEST (PPD)</b> Date Planted: _____ Date Read: _____ <b>Interpretation:</b> <input type="checkbox"/> NEG <input type="checkbox"/> POS mm of induration: _____	<b>CHEST X-RAY</b> <ul style="list-style-type: none"> <li>Only accepted/required if past or current positive TB skin or blood test.</li> <li>Not required if completed treatment for TB</li> </ul> Chest X-ray Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<b>MEDICATION TREATMENT</b> <input type="checkbox"/> Latent TB Infection <input type="checkbox"/> Active TB Infection Date(s): _____ List Medication(s): _____
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Signature of Health Care Practitioner (MD / DO / APRN / PA)

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
 Name (print) \_\_\_\_\_ Address \_\_\_\_\_

### List of High Risk Tuberculosis Countries

Afghanistan	Congo	Japan	Nigeria	Suriname
Algeria	Cook Islands	Kazakhstan	Northern Mariana Islands	Swaziland
Angola	Côte d'Ivoire	Kenya	Pakistan	Syrian Arab Republic
Anguilla	Croatia	Kiribati	Palau	Tajikistan
Argentina	Democratic People's	Kuwait	Panama	Thailand
Armenia	Republic of Korea	Kyrgyzstan	Papua New Guinea	Timor-Leste
Azerbaijan	Democratic Republic of	Lao PDR	Paraguay	Togo
Bahrain	the Congo	Latvia	Peru	Tonga
Bangladesh	Djibouti	Lesotho	Philippines	Trinidad and Tobago
Belarus	Dominican Republic	Liberia	Poland	Tunisia
Belize	Ecuador	Libyan Arab Jamahiriya	Portugal	Turkey
Benin	El Salvador	Lithuania	Qatar	Turkmenistan
Bhutan	Equatorial Guinea	Madagascar	Republic of Korea	Tuvalu
Bolivia	Eritrea	Malawi	Republic of Macedonia	Uganda
Bosnia and Herzegovina	Estonia	Malaysia	Republic of Moldova	Ukraine
Botswana	Ethiopia	Maldives	Romania	United Republic of
Brazil	French Polynesia	Mali	Russian Federation	Tanzania
Brunei Darussalam	Gabon	Marshall Islands	Rwanda	Uruguay
Bulgaria	Gambia	Mauritania	Saint Vincent and the	Uzbekistan
Burkina Faso	Georgia	Mauritius	Grenadines	Vanuatu
Burundi	Ghana	Micronesia	Sao Tome and Principe	Venezuela
Cambodia	Guam	Mongolia	Senegal	Viet Nam
Cameroon	Guatemala	Montenegro	Serbia	Yemen
Cape Verde	Guinea	Morocco	Seychelles	Zambia
Central African Republic	Guinea-Bissau	Mozambique	Sierra Leone	Zimbabwe
Chad	Guyana	Myanmar	Singapore	
China	Haiti	Namibia	Solomon Islands	
China, Hong Kong	Honduras	Nepal	Somalia	
China, Macao	India	New Caledonia	South Africa	
Colombia	Indonesia	Nicaragua	Sri Lanka	
Comoros	Iraq	Niger	Sudan	

**Mail this form and any attachments to:**

UConn Student Health Services, Medical Records Dept., 234 Glenbrook Rd U-4011, Storrs, CT 06269-4011  
 Or upload a scanned copy to the Student Health Portal [myHealth.uconn.edu](http://myHealth.uconn.edu) (requires log-in with NetID)

# IMMUNIZATION WAIVERS

UConn Student ID#:  
\_\_\_\_\_

## OPTION 3: MEDICAL EXEMPTION

Students with medical exemptions shall be permitted to attend college except in the case of a vaccine-preventable disease outbreak in the college. All susceptible students will be excluded from college based on public health officials' determination that the college is a primary site for disease exposure, transmission and spread into the community. Students excluded from college for this reason will not be able to return to school until:

1. the danger of the outbreak has passed as determined by public health officials,
2. the student becomes ill with the disease and completely recovers, or
3. the student is immunized.

For example, for measles, the complete incubation period is 18 days from the onset of symptoms for the last case in the community. Outbreaks like measles may last for several months.

According to State statutes, (Connecticut General Statutes Sections 19a-7f and 10-204a) no student may be admitted to school without proof of immunization or a statement of exemption. Students seeking an exemption on the basis that a given immunization is medically contraindicated should attach a statement to the form signed by their physician stating that in the physician's opinion, such immunization is medically contraindicated and why it is contraindicated (ex. hypersensitivity to a vaccine component, demonstrated reaction to vaccine etc.) In addition, the student should complete the following statement and return it to UConn Student Health Services.

***I am submitting the enclosed documentation from a physician that immunization is medically contraindicated. Therefore, I am exempt from receiving the required immunization as specified by the physician, and shall be permitted to attend college except in the case of a vaccine-preventable disease outbreak in the school.***

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## OPTION 4: RELIGIOUS EXEMPTION

Students with religious exemptions shall be permitted to attend college except in the case of a vaccine-preventable disease outbreak in the college. All susceptible students will be excluded from college based on public health officials' determination that the college is a primary site for disease exposure, transmission and spread into the community. Students excluded from college for this reason will not be able to return to school until:

1. the danger of the outbreak has passed as determined by public health officials,
2. the student becomes ill with the disease and completely recovers, or
3. the student is immunized.

For example, for measles, the complete incubation period is 18 days from the onset of symptoms for the last case in the community. Outbreaks like measles may last for several months.

According to State statutes, (Connecticut General Statutes Sections 19a-7f and 10-204a) no student may be admitted to school without proof of immunization or a statement of exemption. Students seeking an exemption on the basis that immunizations would be contrary to their religious beliefs should complete the following statement and return it to UConn Student Health Services.

***I hereby assert that immunizations would be contrary to my religious beliefs. Therefore, I am exempt from receiving the required immunization under Section 10-201a of the Connecticut General Statutes and shall be permitted to attend college except in the case of a vaccine-preventable disease outbreak in the school.***

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### **Submit Completed Documentation & Attachments To:**

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