Dear New UConn Student:

Congratulations on your acceptance! We look forward to meeting you and working with you to maintain your health while at UConn. Our mission at Student Health Services is to promote the lifelong physical and emotional well-being of our students. We believe that a healthy Husky will be a successful Husky!

One of our responsibilities is to ensure that each matriculating student complies with State of Connecticut immunization laws as well as university health requirements.

There are 3 Health-related Requirements at UConn:

A. Immunization and Consent Form
B. Medical History
C. Health Insurance

To meet these requirements:

1. Please review the enclosed instructions and complete the forms provided. Health History Forms A and B should be uploaded to our patient portal at myHealth.uconn.edu.
   - NCAA Athletes: All NCAA student athletes are required to provide proof of their Sickle Cell Trait (SCT) status prior to participating in any athletic activities at UConn.
   - Club Sport Athletes: All Club Sports athletes must be medically cleared to play prior to participation. Students intending to participate in Club Sports must have the signature of their healthcare provider (see page 2 of Form A) verifying that they have had a physical examination within one year of the season(s) start date.

2. Complete the on-line Insurance Waiver in www.studentadmin.uconn.edu if you do not want to enroll in the UConn Student Health Insurance Plan.

Deadlines:

- Forms A and B – July 1 for Fall matriculation and January 1 for Spring matriculation.
- Insurance Waiver – September 15 for Fall matriculation and February 5 for Spring matriculation.

If you need any assistance, please contact us at 860-486-4700 or shs@uconn.edu.

Again, please accept our warm welcome as well as our best wishes for your future success!

Suzanne A. Onorato, Ph.D.
Executive Director, Student Health Services
Immunizations

Per Connecticut State Statute, these must be completed prior to coming to campus:

- **MMR (Measles, Mumps and Rubella)** – If you were born after 12/31/1956, you must provide proof of one of the following:
  - TWO doses of MMR vaccine (one after your first birthday and one at least 28 days later), OR
  - TWO doses each of the separate Measles, Mumps and Rubella vaccines (the first dose must be after your first birthday and the second dose at least 28 days later.)
- **Varicella (Chicken Pox)** – If you were born after 12/31/1979, you must provide proof of TWO varicella immunizations (one after your first birthday and one at least 28 days later.)
- **Meningitis** – Students living in university-owned housing must provide proof of having received one dose of Meningococcal A,C,Y,W-135 conjugate vaccine that was administered not more than 5 years before enrollment.

If you are unable to obtain proof of vaccination, your healthcare provider may order Lab tests (titers) and submit results that confirm immunity, or your provider may certify that you have had the disease(s) and are thereby immune.

The immunization history must be signed by a physician, nurse practitioner or physician’s assistant. Or attach certified immunization records from previous school, health care provider or government agency.

The month, day, and year of all immunizations, titers and/or incidence of disease must be provided. Such statements as “received as a child”, “records were lost” or “up to date” are not acceptable.

Students in health-related professional programs may be required to submit additional health history information as outlined by their clinical program.

The only circumstances under which a student may be exempt from submitting proof of immunizations are as follows:

- A physician certifies that a medical condition precludes immunization.
- The student states in writing that the required immunizations would conflict with his/her religious beliefs.

If either of these exemptions exist, Exemption forms are available on our website shs.uconn.edu/forms

In the event of a campus infectious disease exposure or outbreak, students who have not received the required vaccines may be required to leave campus during the period of contagion.

The following immunizations are not required but are strongly recommended:

- Tetanus, Diphtheria, Pertussis (Tdap or Td)
- Meningococcal serogroup B
- Human Papillomavirus
- Hepatitis B*

*Hepatitis B is a serious infectious disease caused by a virus that attacks the liver. The Hepatitis B virus, (HBV) can cause life-long infection that leads to cirrhosis (scarring) of the liver, liver cancer or liver failure. College students may be at a higher risk for hepatitis. For more information on Hepatitis B, please visit the CDC website at http://www.cdc.gov/hepatitis/hbv/
Did Student Health Services receive my Health History Form? You can check via our Patient Web Portal.

ALL students at ALL campuses must submit their MANDATORY immunization information to us via the Health History Form that is available at [www.shs.uconn.edu/forms](http://www.shs.uconn.edu/forms)

Student Health Services maintains a web portal through which you may view your immunization information once we have entered it. To use the web portal:

1. Go to [myhealth.uconn.edu](http://myhealth.uconn.edu)
2. Log in using your NetID and password
3. Hover over My Profile and a menu will drop down
4. Select Immunization History
5. You can save and/or print the report that is displayed by using the appropriate icons.

(Note: the portal only works with IE9 or higher, Firefox, Chrome and Safari browsers)

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### Insurance Information 2017-2018

**DEADLINES:**
- Fall Semester September 15th (Waiver available June 1st to September 15th)
- Spring Semester February 5th (Waiver available December 1st to February 5th)

**All full-time* degree seeking students** are required by the University to maintain health insurance coverage for protection in the event of accident or illness.

The university uses what is called a “hard waiver” system to assure student health coverage. This means that full-time* students will be AUTOMATICALLY enrolled in and billed for the university-sponsored plan. If you want coverage under the university-sponsored plan, do nothing; you are automatically enrolled. (Exception: Part-time students who wish to enroll in the student health plan should contact us at 860-486-4535.)

While most full-time students are automatically billed for the UConn Student Health Insurance, there are some university programs that are exempt from the health insurance requirement. Due to multiple changes of program classification, it is advised that ALL students check their tuition fee bill to determine whether the fee for the insurance has been posted.

Visit [shs.uconn.edu/insurance-information](http://shs.uconn.edu/insurance-information) to learn more about the university-sponsored plan coverage, premiums and limits.

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*If a student has other insurance coverage and does not need the plan offered by the university, an on-line insurance waiver must be completed by the beginning of the fall semester of every academic year.*

The insurance waiver process is **only** accessed through the UConn Student Administration (PeopleSoft) system. Students will need their NetID to complete the process.

**Waiver Instructions:** Log on to [www.studentadmin.uconn.edu](http://www.studentadmin.uconn.edu) and click on “Self Service” then on “Student Center.” Scroll down to the Finances section of the Student Center and click on “Create Student Permissions.” The UConn Student Permissions page displays. Click the “Health Insurance Waiver” line and complete the form.

Failure to complete the online insurance waiver prior to the deadlines above will result in automatic enrollment in the Student Health Insurance plan. The student will then be responsible for payment of the full premium.

For more detail about the Student Health Insurance Plan and the coverage it provides, contact the Bailey Insurance Agencies at 1-800-321-4449 or visit them online at [www.baileyagencies.com](http://www.baileyagencies.com)

No matter which plan they are covered by, students should always bring their current medical and prescription card(s) as well as their student ID to each visit at Student Health Services.

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**FOR MORE INFORMATION ABOUT STUDENT HEALTH AND WELLNESS SERVICES**

<table>
<thead>
<tr>
<th>Counseling &amp; Mental Health</th>
<th>Student Health (Medical)</th>
<th>Wellness &amp; Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>337 Mansfield Road, U-1255</td>
<td>234 Glenbrook Road, U-4011</td>
<td>626A Gilbert Road, U-1059</td>
</tr>
<tr>
<td>Storrs, CT 06269-1255</td>
<td>Storrs, CT 06269-4011</td>
<td>Storrs, CT 06269-1059</td>
</tr>
<tr>
<td>860.486.4705</td>
<td>860.486.4700</td>
<td>860.486.9431</td>
</tr>
<tr>
<td>counseling.uconn.edu</td>
<td>shs.uconn.edu</td>
<td>wellness.uconn.edu</td>
</tr>
</tbody>
</table>

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*A full-time student is defined as an undergraduate enrolled for 12 or more credits or a graduate student enrolled for 9 or more credits.
### CONSENT FOR TREATMENT

I hereby grant permission for the University of Connecticut Student Health Services staff to provide me with appropriate medical and mental health treatment including medications for treatment of illnesses/injuries and to arrange for any emergency medical care if circumstances at that time make it impossible for me to make such decisions. I understand that SHS may disclose information from my medical records to appropriate University personnel and/or family members and/or my Emergency Contacts in the case of a health or safety situation as deemed necessary by SHS staff. Further, I understand that Student Health Services staff may disclose my medical records and/or information from such records to appropriate University personnel for purposes of treatment, payment and healthcare operations, and hereby consent to all such disclosures.

### IMMUNIZATION HISTORY

Except for questions 4a-4d, all information on Form A must be documented by a healthcare provider.

**NOTE:** For MMR and Varicella vaccinations, the 1st dose must be after your first birthday and the 2nd dose at least 28 days later.

#### 1. REQUIRED OF ALL STUDENTS BORN AFTER 1956

**MEASLES-MUMPS-RUBELLA (MMR) VACCINATION**

- **OR**
  - Measles Single Vaccination
    - Dose #1
      - MM/DD/YYYY
    - Dose #2
      - MM/DD/YYYY
- **AND**
  - Mumps Single Vaccination
    - Dose #1
      - MM/DD/YYYY
    - Dose #2
      - MM/DD/YYYY
  - Rubella Single Vaccination
    - Dose #1
      - MM/DD/YYYY
    - Dose #2
      - MM/DD/YYYY

**A titer showing immunity to OR incidence of each individual disease is an acceptable alternative to vaccination. Please document in the appropriate area below.**

**Measles Titer**
- \[\text{Result} \quad \begin{array}{c} \text{Immune} \quad \text{Not immune} \end{array} \]
  - Measles Disease
  - OR

**Mumps Titer**
- \[\text{Result} \quad \begin{array}{c} \text{Immune} \quad \text{Not immune} \end{array} \]
  - Mumps Disease
  - OR

**Rubella Titer**
- \[\text{Result} \quad \begin{array}{c} \text{Immune} \quad \text{Not immune} \end{array} \]
  - Rubella Disease
  - OR

#### 2. REQUIRED OF ALL STUDENTS BORN AFTER 1979

**VARICELLA VACCINATION**

- **Dose #1**
  - MM/DD/YYYY
- **Dose #2**
  - MM/DD/YYYY
- **Varicella Titer**
  - Result
  - Immune
  - Not immune

**Chicken Pox Disease**
- \[\text{Result} \quad \begin{array}{c} \text{Immune} \quad \text{Not immune} \end{array} \]

#### 3. REQUIRED OF ALL STUDENTS LIVING IN UNIVERSITY HOUSING

**MENINGITIS VACCINATION (MCV4)**

- Must cover strains A, C, Y, W-135 (Menactra, Menveo, Mecavex., Nimenrix)
- **Date**
  - MM/DD/YYYY

**Vaccination must have been given within 5 years of your first day of classes at UConn.**

**Exceptions to requirement:**
- I will not be living in campus owned housing.
- I am over 29 years of age.

#### 4. REQUIRED OF ALL STUDENTS

**TUBERCULOSIS (TB) RISK QUESTIONNAIRE** (Questions 4a. through 4d. to be answered by the student)

- a) Have you ever had a positive tuberculosis skin or blood test in the past? **If Yes, Go to Chest X-ray / Medication sections below**
- b) To the best of your knowledge, have you ever had close contact with anyone who was sick with tuberculosis (TB)?
- c) Were you born in one of the countries listed on page 2 of Form A? **If yes, which country?**
- d) Have you traveled to or lived for more than one month in one or more of the countries listed? **If yes, which country?**

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

IF you answered YES to any question in 4b through 4d you must have a TB blood or skin test. A chest x-ray is unacceptable for 4b – 4d 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.

Healthcare provider must document test results below. All Testing and Chest X-ray (if required) must be within 6 months prior to the start of school.

<table>
<thead>
<tr>
<th><strong>TB BLOOD TEST (IGRA)</strong></th>
<th><strong>TB SKIN TEST (PPD)</strong></th>
<th><strong>CHEST X-RAY</strong></th>
<th><strong>MEDICATION TREATMENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended if prior BCG</td>
<td>Date Planted:</td>
<td>Date Read:</td>
<td>List Medication(s):</td>
</tr>
<tr>
<td>Quantiferon</td>
<td>Interpretation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>mm of induration:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Result:</td>
<td>POS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEG</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHEST X-RAY**
- Only accepted/required if past or current positive TB skin or blood test.
- Not required if completed treatment for TB

<table>
<thead>
<tr>
<th>Chest X-ray Date:</th>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
</table>

Submit all completed forms and any attachments by scanning and uploading to the Student Health Portal myHealth.uconn.edu
Submit all completed forms and any attachments by scanning and uploading to the Student Health Portal myHealth.uconn.edu
# Student Health History – Form B

**Student Last Name** | **Student First Name** | **Student Middle Name**
---|---|---

**Date of Birth:** | **Legal Gender:** | **Preferred Gender Identity:** | **Net ID**
---|---|---|---

### Permanent Home Information

**Student’s Preferred E-mail Address** | **Notify in Case of Emergency**
---|---

**Student’s Cell Phone** | **Home Phone** | **Home Phone** | **Cell/Work Phone**
---|---|---|---

**Home Address** | **Address**
---|---

X | By initialing, I consent to receive text messages from UConn Student Health Services at my cell phone number above (and any number/e-mail forwarded or transferred to/from that number.) This may include confirmation of an appointment, test results, or a reminder alert. I understand that this permission will remain in effect unless I request a change in writing.

### Personal Physician/Healthcare Provider

**Name** | **Address**
---|---

**PHONE #** | **FAX #**
---|---

### MEDICATIONS

List all medications; prescriptions, and over the counter medications and supplements that you currently take.

### ALLERGIES: Drugs and other Severe Adverse Reactions

- [ ] Medication Allergy | [ ] Food Allergy:
  - **Drug Name**
  - **Reaction**
  - **Reaction**

- [ ] Insect (Bee/Wasp stings) | [ ] X-ray Contrast
  - **Reaction**
  - **Reaction**

**Are any of these life threatening?** | [ ] Yes | [ ] No | **Do you carry an Epi Pen?** | [ ] Yes | [ ] No

List if yes.

### MEDICAL & MENTAL HEALTH HISTORY

- [ ] ADHD
- [ ] Alcohol/drug abuse
- [ ] Anxiety
- [ ] Asthma
- [ ] Blood clotting disorder
- [ ] Cancer
- [ ] Cardiac condition/heart murmur
- [ ] Crohn’s disease
- [ ] Depression
- [ ] Diabetes
- [ ] Eating Disorder
- [ ] Hepatitis B
- [ ] Hepatitis C
- [ ] HIV/AIDS
- [ ] Immunocompromised
- [ ] Organ Transplant
- [ ] Rheumatoid arthritis
- [ ] Sickle cell anemia
- [ ] Ulcerative Colitis
- [ ] Other (please list)

**Explain** any of the items that you have circled above or if there are any significant medical or mental health conditions for which you seek healthcare. Attach any additional information to further explain your condition or concern.

### Prior Hospitalizations, Surgeries or Orthopedic Procedures

- List dates and reasons

**Current Height:** _______________  **Current Weight:** _______________

Storrs students who wish to discuss coordination of care issues for ongoing health or mental health concerns may contact Student Health Services by calling 860-486-2719, or Counseling and Mental Health Services by calling 860-486-4705 for a free New Student appointment. While we collect health information, it is ultimately up to you to initiate contact and/or treatment planning with our services.

Submit all completed forms and any attachments by scanning and uploading to the Student Health Portal myHealth.uconn.edu