

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

Student Health Services

234 GLENBROOK ROAD, UNIT 4011
STORRS, CT 06269-4011
PHONE: 860.486.4700
FAX: 860.486.0004
www.shs.uconn.edu

*Accredited by the Accreditation Association
for Ambulatory Health Care (AAAHC)*

Wellness and Prevention Services

626A GILBERT ROAD, UNIT 1059
WILSON HALL
STORRS, CT 06269-1059
PHONE: 860.486.9431
FAX: 860.486.9366
www.wellness.uconn.edu

Counseling and Mental Health Services

337 MANSFIELD ROAD, UNIT 1255
STORRS, CT 06269-1255
PHONE: 860.486.4705
FAX: 860.486.9159
www.counseling.uconn.edu

*Accredited by the International
Association of Counseling Services (IACS)*

INFORMATION FOR NEW STUDENTS

UConn

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/>

STUDENT HEALTH SERVICES

At the heart of our students' health



About Health History Forms A & B

Forms A and B may be returned together or separately, whichever is most convenient for you.

1 Form A is the written Consent and Immunization History.

Take this form to your healthcare provider who will document your immunization history and sign the form

Parental consent is required for all students under the age of 18. This consent is found on Form A.

2 Form B is your Medical History that will help provide care if you are a student at Storrs campus.

3 Submit both forms by **July 1** for Fall semester or **January 1** for Spring semester by:

scanning and uploading to the patient web portal at myHealth.uconn.edu

or mail to

UConn Student Health Services
Medical Records Dept.
234 Glenbrook Rd, U-4011
Storrs, CT 06269

FOR MORE INFORMATION ABOUT STUDENT HEALTH AND WELLNESS SERVICES:

Counseling & Mental Health
860.486.4705
counseling.uconn.edu

Student Health (Medical)
860.486.4700
shs.uconn.edu

Wellness & Prevention
860.486.9431
wellness.uconn.edu

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

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
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)

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 to learn more about the university-sponsored plan coverage, premiums and limits.

**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.*

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 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

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.

FOR MORE INFORMATION ABOUT STUDENT HEALTH AND WELLNESS SERVICES

Counseling & Mental Health
337 Mansfield Road, U-1255
Storrs, CT 06269-1255
860.486.4705
counseling.uconn.edu

Student Health (Medical)
234 Glenbrook Road, U-4011
Storrs, CT 06269-4011
860.486.4700
shs.uconn.edu

Wellness & Prevention
626A Gilbert Road, U-1059
Storrs, CT 06269-1059
860.486.9431
wellness.uconn.edu

University of Connecticut 2017-2018 Student Health History – Form A

UConn Student Health Services, 234 Glenbrook Rd, Storrs, CT 06269 Phone: 860-486-4700 SHS.UCONN.EDU
THIS FORM MUST BE SUBMITTED BY JULY 1 FOR FALL SEMESTER AND JANUARY 1 FOR SPRING SEMESTER

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:** STORRS AVERY POINT HARTFORD STAMFORD WATERBURY

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.

Student Signature: X	Date:	Parent/Guardian Signature: X	Date:
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If you are under the age of 18 years old, your parent/guardian must sign.

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	Dose #1	Dose #2	A titer showing immunity to OR incidence of each individual disease is an acceptable alternative to vaccination. Please document in the appropriate area below.		
OR	MM / DD / YYYY	MM / DD / YYYY			
Measles Single Vaccination	Dose #1	Dose #2	Measles Titer	Result	Measles Disease
AND	MM / DD / YYYY	MM / DD / YYYY	<input type="checkbox"/> Immune	<input type="checkbox"/> Immune	OR
Mumps Single Vaccination	Dose #1	Dose #2	<input type="checkbox"/> Not immune	<input type="checkbox"/> Not immune	MM / DD / YYYY
AND	MM / DD / YYYY	MM / DD / YYYY	Mumps Titer	Result	Mumps Disease
Rubella Single Vaccination	Dose #1	Dose #2	<input type="checkbox"/> Immune	<input type="checkbox"/> Immune	OR
AND	MM / DD / YYYY	MM / DD / YYYY	<input type="checkbox"/> Not immune	<input type="checkbox"/> Not immune	MM / DD / YYYY
	MM / DD / YYYY	MM / DD / YYYY	Rubella Titer	Result	Rubella Disease
	MM / DD / YYYY	MM / DD / YYYY	<input type="checkbox"/> Immune	<input type="checkbox"/> Immune	OR
	MM / DD / YYYY	MM / DD / YYYY	<input type="checkbox"/> Not immune	<input type="checkbox"/> Not immune	MM / DD / YYYY

2. REQUIRED OF ALL STUDENTS BORN AFTER 1979

VARICELLA VACCINATION	Dose #1	Dose #2	Varicella Titer	Result	Chicken Pox Disease
	MM / DD / YYYY	MM / DD / YYYY	OR	<input type="checkbox"/> Immune	OR
	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY	<input type="checkbox"/> Not immune	MM / DD / YYYY

3. REQUIRED OF ALL STUDENTS LIVING IN UNIVERSITY HOUSING

MENINGITIS VACCINATION (MCV4)	Date	Vaccination must have been given within 5 years of your first day of classes at UConn.	Exceptions to requirement:
Must cover strains A, C, Y, W-135 (Menactra, Menveo, Mecevac, Nimenrix)	MM / DD / YYYY		<input type="checkbox"/> I will not be living in campus owned housing. <input type="checkbox"/> 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	<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 on page 2 of Form A? If yes, which country?	<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? If yes, which country?	<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 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.

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

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

University of Connecticut 2017-2018 Student Health History – Form A

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

THIS FORM MUST BE SUBMITTED BY JULY 1 FOR FALL SEMESTER AND JANUARY 1 FOR SPRING SEMESTER

Student Last Name	Student First Name	Student Middle Name	UConn Net ID
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5. STRONGLY RECOMMENDED VACCINATIONS

TETANUS, DIPHTHERIA, PERTUSSIS (within the last 10 years)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td	Date: <small>MM / DD / YYYY</small>			
MENINGOCOCCAL SEROGROUP B	<input type="checkbox"/> Trumenba (MenB-FHbp) <input type="checkbox"/> Bexsero (MenB-4C)	Dose #1: <small>MM / DD / YYYY</small>	Dose #2: <small>MM / DD / YYYY</small>	Dose #3 (if Trumenba): <small>MM / DD / YYYY</small>	
HEPATITIS B VACCINATION SERIES	Dose #1: <small>MM / DD / YYYY</small>	Dose #2: <small>MM / DD / YYYY</small>	Dose #3: <small>MM / DD / YYYY</small>	Hep B Surface Antibody Titer <small>MM / DD / YYYY</small>	Result <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
HUMAN PAPILLOMAVIRUS	<input type="checkbox"/> HPV4 <input type="checkbox"/> HPV9	Dose #1: <small>MM / DD / YYYY</small>	Dose #2: <small>MM / DD / YYYY</small>	Dose #3: <small>MM / DD / YYYY</small>	

6. REQUIRED OF ALL NCAA STUDENT-ATHLETES

<p>The University of Connecticut mandates that all NCAA Division I student-athletes provide proof of their Sickle Cell Trait Testing status prior to participating in any athletic activities at UConn. A copy of the lab report <u>must</u> accompany this form.</p>	<p>SICKLE CELL TRAIT TEST RESULT</p> <p><input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE</p> <p><input type="checkbox"/> COPY OF LAB REPORT ATTACHED</p>
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7. CLEARANCE TO PLAY CLUB SPORTS

All Club Sports athletes must submit Clearance to Play verification from their healthcare provider that states they have had a physical examination within one year of the sport season's start date.

X _____ *By initialing, I certify that the student named above is healthy and cleared to participate in any Club Sports related activity for the coming academic year.*

Provider initial

Date of Last Physical Exam (MM/DD/YYYY): ____ / ____ / ____

Signature of Health Care Practitioner (MD / DO / APRN / PA)

By signing below, I am certifying the accuracy of the information documented on pages 1 & 2 of Health History Form A.

Signature _____ Date _____ Phone _____

Name (print) : _____ Address: _____

NPI#: _____

List of High Risk Tuberculosis Countries for TB Questionnaire on page 1 of Student Health History Form A

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

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

University of Connecticut 2017-2018 Student Health History – Form B

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

THIS FORM MUST BE SUBMITTED BY JULY 1 FOR FALL SEMESTER AND JANUARY 1 FOR SPRING SEMESTER

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

Permanent Home Information		Notify in Case of Emergency	
Student's Preferred E-mail Address		Name	Relationship
Student's Cell Phone	Home Phone	Home Phone	Cell/Work Phone
Home Address		Address	

X _____
Student Initial 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 - List all that apply and explain reaction **Check if you have no allergies**

<input type="checkbox"/> Medication Allergy <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;"><u>Drug Name</u></td> <td style="border-bottom: 1px solid black;"><u>Reaction</u></td> </tr> </table>	<u>Drug Name</u>	<u>Reaction</u>	<input type="checkbox"/> Food Allergy: _____ Reaction: _____ <input type="checkbox"/> X-ray Contrast _____ Reaction: _____
<u>Drug Name</u>	<u>Reaction</u>		
<input type="checkbox"/> Insect (Bee/Wasp stings) _____ Reaction: _____	<input type="checkbox"/> Are any of these life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No List if yes.		
<input type="checkbox"/> Do you carry an Epi Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No List reason if yes.			

MEDICAL & MENTAL HEALTH HISTORY - Circle all that apply **Check if none apply to you**

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

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**

