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. Forms A and B need to be completed on-line in accordance with the deadlines mentioned below. Form A must be uploaded to our patient portal at myHealth.uconn.edu along with any certified immunization records from your health care provider, and
   * NCAA Athletes **ONLY:** All NCAA student athletes **MUST** 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](http://www.studentadmin.uconn.edu) if you do not want to enroll in the UConn Student Health Insurance Plan.

**Deadlines:**

* Forms A and B – July 2 for Fall matriculation and January 2 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

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**Student Health Services**
234 GLENBROOK ROAD, UNIT 4011
STORRS, CT 06269-4011
PHONE: 860.486.4700
FAX: 860.486.0004
[www.shs.uconn.edu](http://www.shs.uconn.edu)

**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](http://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](http://www.counseling.uconn.edu)

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

An Equal Opportunity Employer
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. In lieu of a provider signature, you may 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.

About Health History

Forms A & B

Forms A and B must be completed via online patient portal at myHealth.uconn.edu

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. Certified immunization records from your healthcare provider are also accepted.

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 be required to be completed online. This info will help us provide care if you are a student at the Storrs campus.

Log into the patient web portal at myHealth.uconn.edu. Select “My Forms” and enter the information from Forms A and B. Scan and upload Form A plus any other supporting documents.

Complete/upload both forms by July 2 for the Fall semester or January 2 for Spring semester.

FOR MORE INFORMATION ABOUT STUDENT HEALTH, WELLNESS & COUNSELING 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?

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. Students will be notified via their UConn email as to their current compliance standing.

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 2018-2019

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

It is a university policy that all full time*, degree seeking students are required to maintain medical insurance coverage, for protection in the event of accident or illness.

Most full time* students are AUTOMATICALLY enrolled and billed for the university sponsored medical insurance plan. If you want to be enrolled in the university plan and you have been billed for the premium, no action is required. You will be reported to the carrier as active/enrolled for the full plan year (8.15.18 to 8.14.19).

While most full-time* students are automatically billed for the Insurance, there are some university programs that are exempt from the medical insurance requirement. It is advised that ALL students check their tuition fee bill to determine whether the fee for the insurance has been posted (the charge appears as a separate line item “Health Insurance” under “Term” charges).

Part time students, while not automatically billed, are eligible to voluntarily enroll in the plan. Students that elect to voluntarily enroll in the plan should contact the university Insurance Coordinator at 860.486.4535.

Visit shs.uconn.edu/insurance-information to learn more about the university-sponsored plan coverage, premiums and limits. Or contact the Bailey Agencies at 1-800-321-4449 or online line at www.baileyagencies.com

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 online waiver is the only acceptable method to decline or “waive” the insurance plan.

To access the online waiver in the UConn Student Administration (PeopleSoft) system, the student will need their UConn Net ID and their secure password.

• Log on to www.studentadmin.uconn.edu
• Navigate to Self Service > Student Center
• Scroll down to the “Finances” section of the Student Center
• Click on “Create Student Permissions”
• The UConn Student permissions page displays
• Click on “Health Insurance Waiver” and complete the form

NOTE: for new students, the “FERPA” waiver (also found on the student permissions page) must be completed before access to the insurance waiver is allowed.

Upon completion of the form an electronic sign off is required. To sign off “sign” using you Net ID number. Then click on “Submit”. Once you’ve submitted the form a pop up message “Waiver Successfully Created” should appear. That is your confirmation that the waiver processed.

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

* A full-time student is defined as a degree seeking undergrad enrolled for 12 or more credits, or a graduate student enrolled for 9 or more credits.

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

**RESULT:**
Date:_______________

**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: ____________________________ Date: _________________

Parent/Guardian Signature: ____________________________ Date: _________________

If you are under the age of 18 years old, your parent/guardian must sign.

**IMMUNIZATION HISTORY**
In lieu of a provider’s signature, your certified immunization records are acceptable.

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**

<table>
<thead>
<tr>
<th>Dose #1</th>
<th>Dose #2</th>
<th>Measles Titer</th>
<th>Result</th>
<th>Measles Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>□ Immune</td>
<td>OR</td>
<td>□ Not immune</td>
</tr>
</tbody>
</table>

**Rubella Single Vaccination**

<table>
<thead>
<tr>
<th>Dose #1</th>
<th>Dose #2</th>
<th>Rubella Titer</th>
<th>Result</th>
<th>Rubella Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>□ Immune</td>
<td>OR</td>
<td>□ Not immune</td>
</tr>
</tbody>
</table>

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

**VARICELLA VACCINATION**

<table>
<thead>
<tr>
<th>Dose #1</th>
<th>Dose #2</th>
<th>Varicella Titer</th>
<th>Result</th>
<th>Chicken Pox Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>□ Immune</td>
<td>OR</td>
<td>□ Not immune</td>
</tr>
</tbody>
</table>

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

**MENINGITIS VACCINATION (MCV4)**
Must cover strains A, C, Y, W-135 (Menactra, Menevo, Mecevax, Nimenrix)

<table>
<thead>
<tr>
<th>Date</th>
<th>Vaccination must have been given within 5 years of your first day of classes at UConn.</th>
<th>Exceptions to requirement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td>□ I will not be living in campus owned housing.</td>
<td>□ I am over 29 years of age.</td>
</tr>
</tbody>
</table>

### 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 Step 2** (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. Please see Step 1
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.

#### STEP 1: TB Blood Test/IGRA

<table>
<thead>
<tr>
<th>Date Planted:</th>
<th>Date Read:</th>
<th>Interpretation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(month/day/year)</td>
<td>(month/day/year)</td>
<td>□ NEG □ POS</td>
</tr>
</tbody>
</table>

**If Positive, Proceed to Step 2**

#### STEP 2: CHEST X-RAY

<table>
<thead>
<tr>
<th>Date(s):</th>
<th>Mediation Treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(month/day/year)</td>
<td>□ Latent TB Infection □ Active TB Infection</td>
</tr>
</tbody>
</table>

List Medication(s):
5. STRONGLY RECOMMENDED VACCINATIONS

**HEPATITIS A**

Dose #1: [MM/DD/YYYY]

Dose #2: [MM/DD/YYYY]

Dose #3: [MM/DD/YYYY]

Result: □ Immune □ Not Immune

**HEPATITIS B**

Dose #1: [MM/DD/YYYY]

Dose #2: [MM/DD/YYYY]

Dose #3: [MM/DD/YYYY]

**HUMAN PAPILLOMAVIRUS (HPV)**

□ HPV4

□ HPV9

**MENINGOCOCCAL SEROGROUP B**

□ Trumenba (MenB-FHbp)

□ Bexsero (MenB-4C)

**TETANUS, DIPHTHERIA, PERTUSSIS**

(Within the last 10 years)

□ Tdap

□Td

Date: [MM/DD/YYYY]

6. REQUIRED OF ALL NCAA STUDENT-ATHLETES ONLY

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 must accompany this form.

SICKLE CELL TRAIT TEST RESULT

□ NEGATIVE □ POSITIVE □ COPY OF LAB REPORT ATTACHED

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.

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

X ____________________________

Provider initial

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.

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 Afghanistan

Algeria Algeria

Angola Angola

Anguilla Anguilla

Argentina Argentina

Armenia Armenia

Azerbaijan Azerbaijan

Bahamas Bahamas

Bangladesh Bangladesh

Belgium Belgium

Benin Benin

Bhutan Bhutan

Bolivia Bolivia

Bosnia and Herzegovina Bosnia and Herzegovina

Botswana Botswana

Brazil Brazil

Brunei Brunei

Darussalam Darussalam

Bulgaria Bulgaria

Burkina Faso Burkina Faso

Burundi Burundi

Cambodia Cambodia

Cameroon Cameroon

Cape Verde Cape Verde

Central African Republic

Chad

China

China, Hong Kong

China, Macao

Colombia

Comoros

Congo

Côte d'Ivoire

Democratic People's Republic of Korea

Dominican Republic

El Salvador

Equatorial Guinea

Eritrea

Ethiopia

French Polynesia

Gabon

Gambia

Georgia

Ghana

Greenland

Guam

Guatemala

Guinea

Guinea-Bissau

Guyana

Haiti

Honduras

India

Indonesia

Iran

Iraq

Ireland

Ivory Coast

Ivory Coast

Kazakhstan

Kenya

Kiribati

Kuwait

Kyrgyzstan

Laos PDR

Latvia

Lesotho

Liberia

Liberia

Libyan Arab

Lithuania

Madagascar

Malawi

Malaysia

Maldives

Mali

Marshall Islands

Mauritania

Mauritius

Mexico

Micronesia

Mongolia

Morocco

Mozambique

Myanmar

Namibia

Nepal

Nicaragua

Niger

Nigeria

Northern Mariana Islands

Northern Mariana Islands

Northern Mariana Islands

Oman

Pakistan

Palau

Panama

Papua New Guinea

Paraguay

Peru

Philippines

Portugal

Qatar

Republic of Korea

Republic of Moldova

Romania

Russian Federation

Rwanda

Sao Tome and Principe

Senegal

Sierra Leone

Singapore

Sri Lanka

Somalia

South Africa

Sudan

Suriname

Swaziland

Syrian Arab Republic

Tajikistan

Thailand

Timor-Leste

Togo

Tuvalu

Ukraine

United Republic of Tanzania

Uruguay

Uzbekistan

Venezuela

Vietnam

Yemen

Zambia

Zimbabwe