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 and Wellness is to promote the lifelong physical and emotional well-being of our students. Our philosophy is that you need to be well and feel well so you can do well.

One of the ways we ensure that you are well is by requiring each matriculating student to comply with State of Connecticut immunization laws as well as university health requirements.

There are two Health-related Requirements at UConn:

A. Student Health History Form
B. Health Insurance Waiver

You can find instructions on how to compete all requirements attached, as well as by visiting studenthealth.uconn.edu.

The deadline to submit your health history and immunization information is July 1, 2020.

The Health Insurance waiver deadline is September 15, 2020.

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 and Wellness

studenthealth.uconn.edu

Medical Care    Pharmacy    Health Promotion    Mental Health

Be well. Feel well. Do well.
Submission of your immunization and medical information is as easy as 1-2-3! Please follow the instructions carefully and complete each step in the following order to ensure that your records are processed without delay! All forms and supporting documentation must be translated to English.

**Step 1: Obtain** a copy of your official immunization record from your physician’s office. The attached health history form can be accepted in lieu of your official immunization record and must be completed and signed by your physician.

**Step 2:** Go to [myhealth.uconn.edu](http://myhealth.uconn.edu), select “pending forms” and enter your immunization information into your Student Health History Form in the portal.

Be sure to save at least every 15 minutes to ensure you do not time-out (to save, go to the bottom of the page and hit the “Complete Later” button. You will exit to the forms section. Just go back into the form to continue.)

**Step 3:** Upload your official immunizations record under ‘document upload’ on your Student Health Portal.

(Use any free scanner App on your phone to scan document.)

Select Document Upload

> Select Document Type (i.e. health history form)
> Browse the file you wish to submit, and hit save

Once completed, it will indicate, “UPLOAD SUCCESSFUL.” NOTE: If you are using a smart phone, be sure to scroll to the top of page to view this message.

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.

To learn more about the diseases that are prevented by the mandatory immunizations, go to [cdc.gov/vaccines/adults/vpd.html](http://cdc.gov/vaccines/adults/vpd.html)

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**Did Student Health and Wellness receive my Health History Form?**

ALL students at ALL campuses must submit their MANDATORY immunization information to Student Health and Wellness. Students will be notified via their UConn email as to their current compliance standing.

Student Health and Wellness 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)
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.

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. (See above for deadline dates)

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 studentadmin.uconn.edu
- Navigate to Self Service > Student Center
- Scroll down to the “Finances” section of the Student Center
- Click on “Permissions and Requests”
- 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 use your 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

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 Student Health and Wellness visit.

Storrs students who wish to discuss coordination of healthcare needs for ongoing medical and/or mental health concerns may make a free New Student Appointment with Student Health and Wellness.

* A full-time student is defined as a degree seeking undergraduate enrolled for 12 or more credits, or a graduate student enrolled for 9 or more credits.
Student Last Name: ____________________________  Student First Name: ____________________________  Student Middle Name: ____________________________  Pronouns: ____________________________

Date of Birth: ____________________________  Sex Assigned at Birth: ____________________________  Gender Identity: ____________________________  Net ID: ____________________________  Preferred Name: ____________________________

IMMUNIZATION HISTORY

1. MEASLES, MUMPS, RUBELLA (MMR) Vaccination - required of all students born after 1957

OPTION 1: Measles, Mumps, Rubella (MMR) Vaccination
(First dose must be given on or after your first birthday to be accepted)

<table>
<thead>
<tr>
<th>Dose #1</th>
<th>Dose #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

OPTION 2: In lieu of proof of vaccination above, a titer showing immunity to each individual disease is an acceptable alternative to the vaccination.

<table>
<thead>
<tr>
<th>Measles Titer Result:</th>
<th>Immune</th>
<th>Not immune</th>
<th>Date MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mumps Titer Result:</td>
<td>Immune</td>
<td>Not immune</td>
<td>Date MM/DD/YYYY</td>
</tr>
<tr>
<td>Rubella Titer Result:</td>
<td>Immune</td>
<td>Not immune</td>
<td>Date MM/DD/YYYY</td>
</tr>
</tbody>
</table>

*If not immune, you are required to receive a booster MMR and repeat the titer or receive two MMR vaccines in lieu of the booster and titer

OPTION 3: An incidence of disease will take the place of a vaccine requirement. (Must be filled in by a physician/APRN/PA)

<table>
<thead>
<tr>
<th>Measles Disease</th>
<th>Mumps Disease</th>
<th>Rubella Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
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</tbody>
</table>

2. VARICELLA Vaccination - required for all students born after 1979

OPTION 1: Varicella Vaccination
(First dose must be given on or after your first birthday to be accepted)

<table>
<thead>
<tr>
<th>Dose #1</th>
<th>Dose #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

OPTION 2: In lieu of proof of vaccination above, a titer showing immunity to the disease is an acceptable alternative to the vaccination.

<table>
<thead>
<tr>
<th>Varicella Titer Result:</th>
<th>Immune</th>
<th>Not immune</th>
<th>Date MM/DD/YYYY</th>
</tr>
</thead>
</table>

*If not immune, you are required to receive a booster and repeat the titer or receive two Varicella vaccines in lieu of the booster and titer

OPTION 3: An incidence of disease will take the place of a vaccine requirement. (Must be filled in by a physician/APRN/PA)

<table>
<thead>
<tr>
<th>Varicella Disease</th>
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</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
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3. MENINGOCOCCAL(MCV4) Vaccination - Required of all students living in University housing  Supporting documentation required

☐ Menactra  ☐ Menveo  ☐ Nimenrix
Must cover strains A, C, Y, W-135
Polysaccharide strain not accepted

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. 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.

5. SICKLE CELL TRAIT TEST - 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 be uploaded to your Student Health Portal.

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

By signing below, I am certifying the accuracy of the information documented on the Student Health History Form.

Signature ____________________________  Date ____________________________  Phone ____________________________

Name (print): ____________________________  Address: ____________________________

NPI#: ____________________________
Student Health and Wellness Consents

Consent for Treatment:
I hereby grant permission for the University of Connecticut Student Health and Wellness staff to provide me with appropriate medical and mental health treatment including medication 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 Student Health and Wellness may disclose information from my medical records to appropriate University personnel and/or family members and/or Emergency contacts in the case of a health or safety situation as deemed necessary by Student Health and Wellness staff.
I understand that Student Health and Wellness 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 such disclosures.

Insurance Release:
UConn Student Health and Wellness will provide insurance claim processing for qualified students/patients under these terms:
Claims will be filed for the following insurance carriers: Aetna, Anthem Blue Cross Blue Shield, CIGNA, ConnectiCare, CT Medicaid, Tricare, and United Healthcare. Claims for other insurance carriers will not be processed. Charges for services provided to students with non-participating plans will be placed on the student's fee bill. Upon request, Student Health and Wellness will provide documentation for personal filing purposes.
THE STUDENT IS RESPONSIBLE FOR PRE-AUTHORIZATION OR REFERRAL IF REQUIRED BY THEIR INSURANCE PLAN. (Call the phone number on your insurance card before receiving services to determine if covered by your plan)
By signing below, I authorize Student Health and Wellness to submit to my insurance and agree to take responsibility for all charges whether or not paid by insurance. I acknowledge that my PeopleSoft account may be put “on hold” for unpaid charges incurred at Student Health and Wellness.

Signature(s) below indicates understanding of an agreement with the above information.

<table>
<thead>
<tr>
<th>Student Signature:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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