Health Information Requirements: New, Matriculated Part-Time Students
(Including transfer and exchange students)

All part-time, matriculated students are required to complete page one of the Connecticut State University Student Health Services Form (attached below). The following are required:

- Proof of adequate immunization against measles, mumps, rubella (MMR) and varicella (chicken pox). Guidelines for these state immunization requirements are below.
- Completed tuberculosis risk assessment questionnaire and testing if indicated.
- Your medical provider’s signature where indicated. No pre-admission physical exam is required.

Please enter the dates of immunizations directly to the health form. Attaching additional pages from your healthcare provider is acceptable but you must also write the dates onto the form. Not doing so is the most common cause of students missing required information which can result in delays in registering for classes.

Page two is optional for part-time students. This information will allow us to better care for you if you are ever seen in health services for a sick visit.

If your form is submitted with any missing information, we will notify you requesting the necessary data. Make sure your correct contact information is updated on your WebCentral/Student Pipeline account. Messages regarding your health information requirements can also be seen on your Registration Status in your WebCentral account.

PLEASE NOTE TRANSFER STUDENTS: Your health information is not automatically transferred with your academic records from your prior university. You must submit a completed form with all required information as if you were a first time college student. Transfer students, like other incoming full time students, are required to provide proof of adequate immunization against measles, mumps, rubella (MMR) and varicella (chicken pox) along with completion of the Tuberculosis (TB) Risk Assessment.

University Health Services is here to assist you in the successful completion of your academic journey. If you encounter any difficulty in getting the required information or you have any questions please call us at (860) 832-1925. We are here to do everything we can to make your transition to life at CCSU as easy as possible. Please look our webpage, www.ccsu.edu/health, for more information about the services we offer.

Congratulations on your admission to CCSU!

University Health Services
Christopher Diamond, MD, Director
Marisol Aponte, APRN, Associate Director
Connecticut General Statutes and CCSU require the following for all matriculated students

Proof of immunity to **Measles (Rubeola)**: you must provide proof of one of the following:
- Two measles or two MMR immunizations (one after your 1\(^{st}\) birthday and one at least one month later); OR
- Lab results showing a positive measles titer (blood test)

Proof of immunity to **Rubella**: you must provide proof of one of the following:
- Two rubella or two MMR immunizations (one after your 1\(^{st}\) birthday and one at least one month later); OR
- Lab results showing a positive rubella titer (blood test)

Proof of immunity to **Mumps**: you must provide proof of one of the following:
- Two mumps or two MMR immunizations (one after your 1\(^{st}\) birthday and one at least one month later); OR
- Lab results showing a positive mumps titer (blood work)

Proof of immunity to **Varicella** (chicken pox): you must provide proof of one of the following:
- Two varicella immunizations; OR
- Lab results showing a positive varicella titer (blood test),

Certification of confirmed cases of measles, mumps, rubella & varicella by a licensed health care provider may be submitted in lieu of the above.

Proof of **Meningococcal** vaccination (Menactra) **within five years of entering CCSU** is required for all residential students prior to room assignment. No student may move into campus housing until this requirement is met. Even if not living on-campus, we strongly recommended that all students be vaccinated against this disease. If it has been 5 years since your immunization, speak to your medical provider about getting a booster shot.

**Hepatitis B**: The American College Health Association, the Connecticut Public Health Department, and the Centers for Disease Control recommend students be immunized against **Hepatitis B** *(this is not required)*.

**Tetanus**: A booster shot is recommended every ten years.

**IMMUNIZATION EXEMPTIONS**

- Students born prior to January 1, 1957 are exempt by age from the measles, mumps, and rubella requirement.
- Students born prior to January 1, 1980 are exempt by age from the varicella requirement.
- Vaccination waivers for religious or medical reasons are acceptable and can be found at [www.ccsu.edu/health/forms](http://www.ccsu.edu/health/forms). Exemptions for either medical or religious reasons subjects the individual to exclusion from campus in the event of an outbreak of a disease for which immunizations are required.
- Online learners do not need to meet the immunization requirements

Revised 06/19/14
### TUBERCULOSIS (TB) RISK QUESTIONNAIRE - A through D To be answered by the Student

**Prior BCG does not exempt patient from this requirement.**

If you answer YES to B-D of the above questions, Connecticut State University requires that a health care provider complete the TB testing evaluation and x-ray within 6 months prior to the start of classes. (After February for Fall Semester and after July for Spring Semester.)

#### 6a. TB BLOOD TEST OR
- Interferon-gamma release assay
- Date:
  - Result: [ ] NEG [ ] POS

#### 6a. TB SKIN TEST
- Use STU Mantoux test only.
- Date:
  - Interpretation (if no induration, mark 0)
  - Date Read:
    - [ ] NEG [ ] POS
    - mm of induration

#### 6b. CHEST X-RAY
- Required within 1 year for past or current positive TB skin or blood test.
- X-ray report MUST BE ATTACHED
- Date:
  - Chest X-ray Date:
  - [ ] Normal [ ] Abnormal
  - Frequency:
  - [ ] Start & Completion Dates:

#### 6c. TB TREATMENT MEDICATION (with dose):
- [ ] Prior BCG does not exempt patient from this requirement.

#### Other Vaccination History
- (Tetanus Booster within last 10 years and Hepatitis B series are recommended)
- Hepatitis B #1 Date:
- Hepatitis B #2 Date:
- Hepatitis B #3 Date:
- Hepatitis Titer Date:
- Result: [ ] POS [ ] NEG

#### Signatures
- I confirm that the information above is accurate.
- Clinician Signature:
- Date:

#### Physical Examination Affirmation
- I have examined this patient on and find no medical condition that would prohibit him/her from participating fully in all activities including physical education, trying out for competitive sports or military training and employment.
- Clinician Signature:
- Date:
Connecticut State University Student Health Services Form

Student Name

Home/Personal Email Address

Student Cell Phone

Permanent Home Information

Home Phone

Cell/Work Phone

Name

Relationship

Notify in Case of Emergency

Home Phone

Cell/Work Phone

Street Address

City

State

Zip

City

State

Zip

Personal Physician/Healthcare Provider

Name:

Address:

Telephone #: FAX #

Personal Medical History - Please circle all below that apply to you

☐ Check here if none apply

- Alcohol/drug Abuse
- Anxiety/depression/mental illness
- Asthma
- Cancer
- Cardiac Condition/Heart Murmur
- Coagulation Disorder
- Concussion
- Dental Problems

☐ Check here if you have no allergies

- Diabetes
- Endometriosis
- Gastrointestinal Problems
- Hepatitis B or C Disease
- High Blood Pressure
- HIV/AIDS
- Measles
- Mononucleosis

☐ Check here if none apply

- Mumps
- Rheumatic Fever
- Seizures
- Sickle Cell Anemia
- Thyroid Disorder
- Tuberculosis
- Other please explain

Allergies: Drugs & Other Severe Adverse Reactions - Please complete all that apply and explain reaction

☐ Check here if you have no allergies

- Medication
- Food
- Insect
- Environmental
- Seasonal
- X-ray Contrast

Are any life threatening? ☐ Yes ☐ No

Do you carry an Epi Pen? ☐ Yes ☐ No

Prior Hospitalizations or Surgeries - Please list dates and reasons

Medications – Frequent or regular - Please list all prescriptions, natural and over the counter medications

Is there any other medical information or health concern that we should know about? Please attach any additional information to further explain your condition or concern.

Current Height**: Current Weight**: Last Blood Pressure (if known)**:

*not required

Did you sign the Consent for Treatment on Page 1?

Please return by mail or fax to the appropriate Health Service listed below.

Central Connecticut State University
University Health Service
1615 Stanley Street
New Britain, CT 06050
860/832-1925 Fax 860/832-2579

Eastern Connecticut State University
University Health Service
185 Birch Street
Willimantic, CT 06267
860/466-5263 Fax 860/466-4560

Southern Connecticut State University
University Health Service
501 Crescent Street
New Haven, CT 06515
203/392-6300 Fax 203/392-6301

Western Connecticut State University
University Health Service
181 White Street
Danbury, CT 06810
203/837-8594 Fax 203/837-8583

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