Connecticut State University Student Health Services Form Instructions

Connecticut General Statute and CCSU requires the following information for all matriculated students (full and part time). Please submit this form to Student Wellness Services-University Health Services no later than August 15th (extended deadline) for the Fall semester and December 15th for the Spring semester.

Failure to submit the required form will result in a health hold on your student account.

***VERY IMPORTANT: Please note that if you send this form to your doctor they will only complete sections 1-5 and 7a-7d if applicable.

It is your responsibility as an incoming student to complete all other areas of the form prior to submission. You may attach vaccination record from your physician office to the form as an alternative to your physician signing the form.

Proof of immunity to Measles (Rubeola): you must provide proof of one of the following:
- Two measles or two MMR immunizations (1st dose on or after your 1st birthday; second dose at least 28 days later); OR
- Lab results showing a positive measles titer (blood test) Please submit a copy of the lab report results with health form.

Proof of immunity to Rubella: you must provide proof of one of the following:
- Two rubella or two MMR immunizations (1st dose on or after your 1st birthday; second dose at least 28 days later); OR
- Lab results showing a positive rubella titer (blood test) Please submit a copy of the lab report results with health form.

Proof of immunity to Mumps: you must provide proof of one of the following:
- Two mumps or two MMR immunizations (1st dose on or after your 1st birthday; second dose at least 28 days later); OR
- Lab results showing a positive mumps titer (blood work) Please submit copy of the lab report results with health form.

Proof of immunity to Varicella (chicken pox): you must provide proof of one of the following:
- Two varicella immunizations (second dose at least 28 days after the first dose); OR
- Lab results showing a positive varicella titer (blood test) Please submit copy of the lab report results with health form.

Proof of Meningococcal A,C, Y, W-135 vaccination (is required for all residential student prior to room assignment. No student may move into campus housing without proof of this vaccine. The vaccine must have been administered within five years before moving into the residential halls.

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.

Strongly Recommended

Meningitis B: The Centers for Disease Control recommend students be immunized against Men B.

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

Tetanus: A booster shot is recommended every ten years – Mandatory for Student Athletes

Important: Prior to submitting your information, please make a copy for your records
Connecticut State University Student Health Services Form

**Student Health Services Form**

**Connecticut State University**

**Student ID #:**

**Date: **

**First Name: **

**Last Name: **

**Date of Birth and Birthplace:**

**Sex/Gender:**

**Date:**

**TB TUBERCULOSIS (TB) RISK QUESTIONNAIRE - A through D To be answered by the Student**

A. Have you ever had a positive tuberculin skin or blood test in the past? If you answer, “Yes,” Section 7b, “CHEST X-RAY,” must be completed

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 below? If yes circle country

D. Have you traveled or lived for more than one month in one or more of the countries listed below? If yes circle country

**Vaccination History**

**Hepatitis B**

**Measles, Mumps, Rubella & Varicella**

**Meningococcal**

If living on-campus, your most recent vaccination must be within 3 years of your 1st day of classes at the University. Please note: You will not be permitted to move in to campus housing without first providing Student Health Service with this information.

**Varicella #1**

**Varicella #2**

**Rubella #1**

**Rubella #2**

**Mumps #1**

**Mumps #2**

**Measles #1**

**Measles #2**

**Meningococcal**

If you answer YES to any questions no further action is required.

**Tetanus Booster**

**Signatures**

I confirm that the information above is accurate.

**Clinician Signature:**

**Date:**

**Student consent for treatment required above to be signed**

If you are less than 18 years of age sign below with your parent/guardian

I hereby grant permission for the Connecticut State University 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. Furthermore, I understand that University Health Services...
staff may disclose my student medical records and/or information from such records to appropriate University personnel and/or Emergency Contacts identified within my records in the event of a health or safety situation as determined by the Student Health Services staff.

**Signature of Student**  **Signature of Parent/Guardian**  **Date:**

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**Connecticut State University Student Health Services Form**

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<table>
<thead>
<tr>
<th>Student Name</th>
<th>Home/Personal Email Address</th>
<th>Student Cell Phone</th>
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### Permanent Home Information

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<th>Home Phone</th>
<th>Cell/Work Phone</th>
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### Notify in Case of Emergency

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<tr>
<th>Name</th>
<th>Relationship</th>
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<th>Home Phone</th>
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<th>City</th>
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### Personal Physician/Healthcare Provider

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<th>Name:</th>
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<th>Telephone #:</th>
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**Personal Medical History- Please circle all below that apply to you.**

- [ ] Check here if none apply
- Alcohol/Substance Abuse  Dental Problems  Mononucleosis
- Anemia  Diabetes  Mumps
- Anxiety/Depression/Mental illness  Gastrointestinal Conditions/IBS  Rheumatic Fever
- Asthma  Gynecological Conditions  Seizures
- Cancer  Hepatitis B or C Disease  Sickle Cell Disease
- Cardiac Condition/Heart Murmur  High Blood Pressure  Thyroid Disorder
- Coagulation/Bleeding Disorder  HIV/AIDS  Tuberculosis
- Concussion  Measles  Other – please explain

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

- [ ] Check here if you have no allergies

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<th>Medication</th>
<th>Food</th>
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<th>Insect</th>
<th>Environmental</th>
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<th>Seasonal</th>
<th>X-ray Contrast</th>
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<th>Are any life threatening?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Do you carry an Epi Pen?</td>
<td>Yes</td>
<td>No</td>
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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(s) or concern(s).

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

** not required

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**Did you make a copy for your records?**

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

Eastern Connecticut State University
University Health Services
185 Birch Street
Willimantic, CT 06265

Southern Connecticut State University
University Health Services
501 Crescent Street
New Haven, CT 06515

Western Connecticut State University
University Health Services
181 White Street
Danbury, CT 06810
INFORMATION FROM STUDENT WELLNESS SERVICES
Central Pipeline Account Information

Please check the status of your required health information online:

1. Navigate to the CCSU home page at www.ccsu.edu. Point to CentralPipeline, then click on CentralPipeline for Students.

2. From the CentralPipeline home page, click on the WebCentral-Banner Web Tab and log in with your BlueNet account username and password.

3. From the Registration/Records tab, click on the Check Your Registration Status link. Current information regarding your required documentation is found here. Note: DO NOT CLICK ON “VIEW HOLDS”

4. Select Term (current semester)

If you are not complete you will see a message that says
“Your medical records are not complete”.
Missing information will be listed in red.

Once your documentation has been submitted to University Health Services, please allow 3-5 business days for processing.

Please keep a copy of your documentation, including fax confirmations for your record.

General information about University Health Services can be found at http://web.ccsu.edu/healthservices/index.asp

If you have any questions or concerns please contact us at sws@ccsu.edu

Thank you.