

Visiting Student Pre-Entrance Health Form

Student Name: _____ Home Address: _____
 Date Of Birth: _____ Home Phone: _____
 Cell Phone: _____

Please Retain A Photocopy Of This Health History Form For Your Records

The State Of Connecticut has 2 vaccine requirements:

1. Documentation of measles and rubella immunizations is **REQUIRED** per state law of ALL undergraduate, graduate and professional students in order to register for classes. Those students born on or before December 31, 1956 are considered immune for measles and rubella.

2. The Meningococcal vaccine is required **ONLY** for students living in on-campus housing.

Vaccine	Date Given	Requirements
Required Vaccines:		
Measles #1 [] or MMR []		Must be on or after 1st birthday and after January 1, 1969.
Measles #2 [] or MMR []		Must be at least 30 days after immunization and after January 1, 1980.
Rubella		If given instead of MMR. Must be on or after January 1, 1969.
Mumps		Must be on or after 1st birthday and after January 1, 1969.
Varicella #1		OR history of disease Date: _____ OR attached positive blood titer Date: _____
Varicella #2		
Hepatitis B #1		
Hepatitis B #2		
Hepatitis B #3		
Blood Titer for Hepatitis B		Quantitative measurement: _____ Must ATTACH documentation of positive Hepatitis B blood titer
Tetanus		Must be after January 1999.
dose:		Type: ___ oral ___ injectable
PPD after January 2006		Result : _____ mm x _____ mm If > 10mm, chest x-ray after January 2006 required. Must ATTACH written results.
Necessary for On-campus Housing:		
Will you be living on-campus? [] Yes [] No		
If "Yes," we require the following meningococcal vaccines:		
Meningococcal	Menomune	Must be on or after January 1, 2004
Meningococcal	Menacta	Must be on or after January 1, 2004
Optional - Will Be Kept in Your Medical File If You Complete:		
Hep A #1	Typhoid	
Hep A #2	Yellow Fever	
TwinRix #1	Japanese Enceph #1	
TwinRix #2	Japanese Enceph #2	
TwinRix #3	Japanese Enceph #3	

Clinician Signature