

INCOMING GRAUATE STUDENTS IMMUNIZATION REQUIREMENTS

- Employee Health Service (EHS) welcomes you to UCONN Health. To better serve you, for any communication with Employee Health Service by phone, email, fax or mail, always indicate that you are a Public Health Student. Attached is the Immunization Documentation Form which **MUST** be completed **and submitted to Employee Health Service** prior to the first day of class. This form can be completed by your primary care physician. If you cannot get to see your physician, you can make an appointment with Employee Health Service at the UConn Health Center. **We would request you try to see your own physician first.**

If you choose to come to Employee Health Service:

- Call Central Registration at UConn Health Center at 860-679-1600
- Make an appointment at your earliest convenience by calling 860-679-2893
- Bring a copy of childhood vaccinations, if available, to your appointment.
- All blood work will be billed to your health insurance company.

If you are mailing or faxing your completed form to us:

- **Please write your email address and phone number on the Immunization Documentation Form.** Once your form is received, we will notify you if you have NOT met UCHC immunization requirements.
- Attach a copy of childhood vaccinations if available, to your completed form
- **Mail or fax completed form to:**

UConn Health
Employee Health
c/o Louisa Pickett
Main Building, Ground Floor, Room CG228
300 UConn Health Boulevard
Farmington, CT 06030
Phone: 860-679-2893
Fax: 860-679-4587
Email: occmehs@uchc.edu

VACCINATION and IMMUNIZATION REQUIREMENTS:

- **Antibody titers are REQUIRED to determine immunity to Hepatitis B, measles, mumps, rubella and varicella. If titer results are negative, date of booster(s) must be documented. Please attach a copy of the lab reports.**
- **2 Negative TB Skin Tests** are required **OR** a Negative Quantiferon TB Gold blood test, **within the past 12 months. If you had a positive TB Skin Test in the past, provide a chest x-ray report that was done within the past 12 months.**
- **Document Td and/or Tdap history. The CDC recommends that healthcare professionals who have direct patient contact in hospitals or clinics should receive one dose of Tdap.**

Incoming MPH Student Immunization Documentation Form

Name _____ Date of Birth _____
(print) Last First

ALL incoming MPH students are REQUIRED to provide documentation of 2 MMR vaccinations and 2 varicella vaccinations OR provide documentation of positive antibody titers for measles, mumps, rubella and varicella. Please bring this completed form signed by your health care provider to your appointment with Employee Health. Please bring copies of any lab results.

MMR #1 Date _____ MMR #2 Date _____

Varicella #1 Date _____ Varicella # 2 Date _____

OR

Measles Antibody Titer Date _____ Immune Not Immune
If not immune, date of booster _____

Mumps Antibody Titer Date _____ Immune Not Immune
If not immune, date of booster _____

Rubella Antibody Titer Date _____ Immune Not Immune
If not immune, date of booster _____

Varicella Antibody Titer Date _____ Immune Not Immune
If not immune, date of booster _____

TUBERCULOSIS SCREENING

ALL incoming MPH students are REQUIRED to have 2 Negative Tuberculin Skin tests (PPD) OR a negative Quantiferon TB Gold test within the past 12 months. These TB skin tests can be done by your health care provider OR they can be done by Employee Health.

TB Skin test (Mantoux) Date Planted _____ Result _____
Date Planted _____ Result _____

Quantiferon TB Gold Date _____ Positive Negative
Please provide copy of lab report.

NOTE: If there is a history of a positive PPD, please provide a copy of the most recent chest x-ray. Chest x-ray date _____ Result Positive Negative

The documentation above was completed by:

Name of Health Care Provider (print)

Telephone Number

Health Care Provider Signature

Date

Time