Eastern Connecticut State University Health Requirements
Part time and Graduate Students

Immunizations

Connecticut state law requires ALL students born after December 31, 1956 to provide evidence of immunity against measles, German measles (rubella), and mumps. Students must show proof of two doses of measles, two doses of German measles and two doses of mumps vaccine. Any person who has graduated from a Connecticut high school after 1999 is exempt from the measles, G. measles and mumps requirements and does not need to show proof of immunity. Also, starting in the fall of 2010, ALL students born after January 1, 1980 must provide evidence of immunity against chickenpox (varicella) either by showing proof of two doses of the varicella vaccine or documentation from your health care provider stating that you had chickenpox disease. If you are unable to prove that you have had chickenpox or locate any of your immunization records, you can get a blood test to determine if you are immune to any or all of these diseases. Please see comments below.

Eastern also requires all part time students, regardless of age, to complete the tuberculosis screening on the back of this form. Please follow the instructions provided.

Please have your health care provider complete the table below or attach a copy of your immunization records to this form. You must comply with all of the required immunizations unless you are showing proof through laboratory blood tests or you are a Connecticut high school graduate as noted above. When complete, please mail to: **ECSU Student Health Services, 185 Birch Street, Willimantic, CT 06226 or fax to 860-465-4560.**

_____ _____ _____
Name (last, first, middle) - Please Print Date of Birth Country of Birth

_____ _____
Student I.D. number Entering semester

Immunization	#1	#2	Comments
MMR (Measles, mumps, rubella)	_____ mo/day/yr	_____ mo/day/yr	MMR #1 must be on or after your first birthday and after 1/1/69; #2 at least 28 days after MMR #1 and after 1/1/80. *If you did not get MMRs but instead separate vaccines for each, provide dates in the appropriate sections below.*
Measles	_____ mo/day/yr	_____ mo/day/yr	Measles #1 must be on or after your first birthday and after 1/1/69; #2 at least 28 days after measles #1 and after 1/1/80.
Mumps	_____ mo/day/yr	_____ mo/day/yr	Mumps #1 must be on or after your first birthday and after 1/1/69; #2 at least 28 days after mumps #1 and after 1/1/80.
Rubella (G. measles)	_____ mo/day/yr	_____ mo/day/yr	Rubella #1 must be on or after your first birthday and after 1/1/69; #2 at least 28 days after rubella #1 and after 1/1/80.
Varicella (Chickenpox)	_____ mo/day/yr	_____ mo/day/yr	Varicella #2 must be at least 28 days after varicella #1. Or, documentation from your health care provider stating you have had chickenpox. Please include date of actual disease.
Lab (blood test) evidence of immunity			You must provide the actual laboratory report.

PLEASE PROCEED TO THE OTHER SIDE TO COMPLETE THE TB RISK ASSESSMENT.

I certify that this student has met the required immunizations as indicated above and has completed the required TB Risk Assessment and, if indicated, TB skin testing.

_____ _____
Health Care Provider Signature Date Health Care Provider Address (or stamp)

(SHS 2/2010)

Tuberculosis (TB) Risk Assessment and Testing

Name: _____

ALL incoming students, regardless of age, must complete a Tuberculosis Risk Assessment to provide documentation of his or her TB risk. Please answer the five questions below then proceed to the next section.

	YES	NO
1. To the best of your knowledge, have you ever had close contact with anyone who was sick with tuberculosis (TB)?		
2. Were you born in one of the countries listed below?		
3. Have you traveled or lived for more than one month in one or more of the countries listed below?		
4. Do you have kidney disease, immunocompromised diseases including HIV/AIDS, silicosis, chronic steroid therapy or a history of the following: substance abuse, cancer, pulmonary fibrotic lesions on x-ray, gastrectomy or jejunoileal bypass surgery?		
5. Have you ever had a positive tuberculosis skin test in the past?		

COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB) ***World Health Organization, Global Tuberculosis control. WHO report 2008:***
Afghanistan, Algeria, Angola, Anguilla, Argentina, Armenia, Azerbaijan, Bahamas, Bahrain, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia, Bosnia &Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, China, Columbia, Comoros, Congo, Congo DR, Cote d'Ivoire, Croatia, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Fiji, French Polynesia, Gabon, Gambia, Georgia, Ghana, Guam, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iran, Iraq, Japan, Kazakhstan, Kenya, Kiribati, Korea-DPR, Korea-Rep, Kuwait, Kyrgyzstan, Lao PDR, Latvia, Lesotho, Liberia, Lithuania, Macedonia-TFYR, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia, Moldova-Rep, Mongolia, Montenegro, Morocco, Mozambique, Myanmar, Namibia, Nauru, Nepal, New Caledonia, Nicaragua, Niger, Nigeria, Niue, Northern Mariana Islands, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, St. Vincent & the Grenadines, Sao Tome & Principe, Saudi Arabia, Senegal, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Syrian Arab Republic, Swaziland Tajikistan, Tanzania-UR, Thailand, Timor-Leste, Togo, Tokelau, Tonga, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, Uruguay, Uzbekistan, Vanuatu, Venezuela, Vietnam, Wallis & Futuna Islands, West Bank & Gaza Strip, Yemen, Zambia, Zimbabwe.

- If you answered **YES to ANY of questions 1 – 4** above, a tuberculin skin test (PPD) is required within 6 months prior to the start of classes. If the PPD is positive, a chest x-ray is required and must be done within 6 months prior to the start of classes.
- If you answered **YES to question # 5** above (you've had a previous positive PPD), a new PPD is **NOT** necessary. However, a chest x-ray is needed within 6 months prior to the start of classes unless you have been treated with TB medication. If you have been treated in the past, please have the treatment section below completed.
- If you answered **NO to all of the questions** above, no further action is needed and you do NOT need TB skin testing.

NOTE: Previous BCG vaccine does not exempt the student from this requirement and a chest x-ray is not an acceptable substitute for a PPD. TO INTERNATIONAL STUDENTS – TUBERCULIN SKIN TESTING MUST BE DONE AT OUR OFFICE OR ANOTHER U.S. FACILITY

Date Placed:	Result: (after 48-72 hours): _____ mm induration	Interpretation: ☐ NEGATIVE ☐ POSITIVE
Date Read:	(If no induration, please put "0" mm)	

IF TB SKIN TEST IS POSITIVE (currently or in the past):

Chest X-RAY: ☐ Normal ☐ Abnormal – please describe	Date of X-RAY:
Treatment: ☐ Yes _____ (drug, dose, frequency, dates, location) ☐ No	

HEALTH CARE PROVIDER: **Please remember to sign and date the front of this immunization form.**