

Eastern Connecticut State University Immunization Requirements

Connecticut State Law requires ALL students, born after 12/31/56, to present a valid certificate of immunization covering measles and German measles. Students are required to show proof of two doses of measles vaccine and one dose of German measles. Please see guidelines below.

ALSO, EASTERN CONNECTICUT STATE UNIVERSITY REQUIRES THAT ALL PART TIME STUDENTS, REGARDLESS OF AGE, COMPLETE THE TUBERCULOSIS SCREENING ON THE BACK OF THIS FORM. PLEASE FOLLOW THE INSTRUCTIONS PROVIDED.

With your assistance, we can keep our entire campus community healthy. Thank you.

PLEASE HAVE YOUR HEALTH CARE PROVIDER COMPLETE THE FORM BELOW OR ATTACH A COPY OF IMMUNIZATION RECORDS TO THIS FORM. DO NOT LEAVE ANY BLANKS; YOU MUST COMPLY WITH ALL OF THE IMMUNIZATIONS UNLESS SHOWING PROOF THROUGH LABORATORY EVIDENCE. WHEN COMPLETED, PLEASE MAIL TO ECSU HEALTH SERVICES, 185 BIRCH STREET, WILLIMANTIC, CT 06226 OR FAX TO 1-860-465-4560

Name (last, first, middle) Please Print	Date of Birth	Country of Birth
Student I.D. number	Entering semester	

_____ Measles or MMR #1 (Must be on or after the first birthday and after January 1, 1969)
Month/Day/Year

_____ Measles or MMR #2 (Must be at least 30 days after the first immunization and after January 1, 1980)
Month/Day/Year

_____ German Measles or MMR #1 (Must be on or after the first birthday and after January 1, 1969)
Month/Day/Year

OR:

Laboratory evidence of immunity; *you must provide the actual laboratory report showing proof of your immunity to Measles and German measles.*

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

I certify that the student has received the required immunizations or has laboratory evidence of immunity as indicated above and has completed the required TB assessment and, if indicated, TB skin testing.

Health Care Provider Signature	Date	Health Care Provider Address
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Tuberculosis (TB) Risk Assessment: Name _____

All incoming students, regardless of age, must complete a Tuberculosis Risk Assessment to provide documentation of TB risk. **Please answer the following questions and:**

- if the answer is **YES** to any of the questions below, the CSU System requires that a healthcare provider complete the TB testing evaluation below within 6 months prior to the start of classes.
- if the answer is **NO** to all of the questions below, no TB testing or further action is required.

	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 <u>for more than one month</u> in one or more of the countries listed below?		
4. Do you have diabetes, 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 jejunioileal bypass surgery?		
5. Have you ever had a positive tuberculosis skin test in the past?		

Afghanistan, Angola, Armenia, Azerbaijan, Bahamas, Bahrain, Bangladesh, Belarus, Benin, Bhutan, Bolivia, Bosnia-Herzegovina, Botswana, Brazil, Brunei, Darussalam, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Rep., Chad, China -Hong Kong SAR, China -Macao SAR, Columbia, Comoros, Congo, DR, Cote d'Ivoire, Croatia, Djibouti, Dominican Rep., Ecuador, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Gabon, Gambia, Georgia, Ghana, Guam, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Hungary, India, Indonesia, Iran, Iraq, Japan, Kazakhstan, Kenya, Kiribati, Korea, DPR, Korea, Rep., Kyrgyzstan, Lao PDR, Latvia, Lesotho, Liberia, Lithuania, Macedonia, TFYR, Madagascar, Malawi, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia, Moldova Rep., Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, New Caledonia, Nicaragua, Niger, Nigeria, Northern Mariana Islands, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Romania, Russian Federation, Rwanda, Sao Tome & Principe, Saudi Arabia, Senegal, Serbia & Montenegro, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, Sri Lanka, Sudan, Suriname, Swaziland, Syrian Arab Rep., Taiwan, Tajikistan, Tanzania UR, Thailand, Timor-Leste, Togo, Turkey, Turkmenistan, Uganda, Ukraine, Uzbekistan, Vanuatu, Venezuela, Vietnam, Yemen, Zambia, Zimbabwe.

*World Health Organization Global Tuberculosis Control, WHO Report 2003

Tuberculosis (TB) Testing Evaluation

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

If the student answered YES to any of questions 1 – 4 above, a PPD test 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 the student has had a previous positive PPD (answered YES to question # 5 above), a new PPD is not necessary. A chest x-ray is needed within 6 months prior to the start of classes unless the student has been treated. If the student has been treated in the past, please complete treatment section below.

Tuberculin Skin Test: Use 5TU Mantoux test only. Multiple puncture test such as Tine is not accepted.

Date Planted:	Result: (after 48-72 hours): _____ mm induration	Interpretation: <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE
Date Read:	(If no induration, please put "0" mm)	

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

Chest x-ray: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal – please describe	Date of x-ray:
Treatment: <input type="checkbox"/> Yes _____ (drug, dose, frequency, dates, location) <input type="checkbox"/> No	

Health care provider – please sign and include your address where indicated on the front of form.