

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 vaccine. 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, you can help us keep our entire campus community healthy. Thank you

PLEASE HAVE A HEALTH CARE PROVIDER COMPLETE THE FORM BELOW OR ATTACH A COPY OF IMMUNIZATION RECORDS TO THIS FORM.

_____	_____	_____
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; **must provide the actual laboratory report showing proof of your immunity.**

Do not leave any blanks; students must comply with all of the above immunizations unless showing proof through blood testing.

PLEASE PROCEED TO THE NEXT PAGE TO COMPLETE THE TB ASSESSMENT.

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

Health Care Provider Signature Date

Health Care Provider Address

Tuberculosis (TB) Risk Assessment

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

	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

- **If the answer is YES to any of the above questions, 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 above questions, no TB testing or further action is required and the section below DOES NOT need to be completed.**

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 front of form.