

Eastern Connecticut State University
Part Time and Graduate Student Health Requirements

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. 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 and graduate 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 testing. 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 MMR #2 must be at least 28 days after MMR #1. <i>If you did not get MMRs but instead separate vaccines for each, provide dates in the appropriate sections below.</i>
Measles	_____ mo/day/yr	_____ mo/day/yr	Measles #1 must be on or after your first birthday and measles #2 must be at least 28 days after measles #1.
Mumps	_____ mo/day/yr	_____ mo/day/yr	Mumps #1 must be on or after your first birthday and mumps #2 must be at least 28 days after mumps #1.
Rubella (G. measles)	_____ mo/day/yr	_____ mo/day/yr	Rubella #1 must be on or after your first birthday and rubella #2 must be at least 28 days after rubella #1.
Varicella (Chickenpox)	_____ mo/day/yr (date of first vaccine or date of actual disease.	_____ 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 testing.		
Health Care Provider Signature	Date	Health Care Provider Address (or stamp)

Tuberculosis (TB) Risk Assessment and Testing

Name: _____

Today's Date: _____

PART 1

ALL incoming students, regardless of age, must complete a Tuberculosis Risk Assessment to provide documentation of her or his TB risk. Please answer the four questions in PART 1 then proceed to the PART 2.

	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 <u>more than one month</u> in one or more of the countries listed below?		
4. 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, 2008report:

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.

PART 2

- If you answered **NO to all of the questions** above, no further action is needed and you do **NOT** need additional TB testing.
- If you answered **YES to ANY of questions 1 – 3** above, either a tuberculin skin test (PPD) **or** TB blood test (QTF-gold or T-Spot) is required within 6-12 months prior to the start of classes. If **either** the TB blood test or TB skin test is positive, a chest x-ray is needed within 6-12 months of the start of classes.
- If you answered **YES to question # 4** above (you've had a previous positive PPD or TB blood test), re-testing is **NOT** necessary. However, a chest x-ray is needed within 6-12 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.

NOTE: Previous BCG vaccine does not exempt the student from this requirement. Also, a chest x-ray is not an acceptable substitute for either a TB skin test or TB blood test. TO INTERNATIONAL STUDENTS – TUBERCULIN SKIN TESTING or TB BLOOD TESTING MUST BE DONE AT OUR OFFICE OR ANOTHER U.S. FACILITY.

TB SKIN TEST (PPD): (Use 5TU Mantoux test only)	OR	TB BLOOD TEST: <input type="checkbox"/> Quantiferon <input type="checkbox"/> T-Spot	CHEST X-RAY (required if TB skin test or TB blood test is positive, as indicated above.)	TREATMENT: Medication for TB or latent TB (LTBI):
Date Planted: _____		Date of test: _____	Chest X-ray Date: Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Treatment Start/End Dates:
Date Read: _____		Result: <input type="checkbox"/> NEG <input type="checkbox"/> POS		
Results: _____ mm of induration		<i>A laboratory copy of the result must be provided.</i>	<i>A copy of x-ray report must be provided.</i>	Dose:
Interpretation: <input type="checkbox"/> NEG <input type="checkbox"/> POS				

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