Immunization Documentation

ALL incoming students are REQUIRED to have the attached Immunization Documentation Form completed and signed by a health care provider prior to scheduling your screening appointment with Employee Health.

Once the form has been completed, you can call Employee Health to schedule an appointment by calling (860)679-2893 and tell the scheduler you are an incoming MPH student.

At this appointment, the nurse will review the immunization document to ensure all requirements have been met. The Tuberculin Skin Test (PPD) can be administered at this appointment if not obtained by your health care provider.

Any omissions will require you to obtain the missing information and may delay clearance into the program.

Thank you for your co-operation!

UCONN Employee Health Services.
(Patient Identification)

<table>
<thead>
<tr>
<th>Name ___________________________</th>
<th>Date of Birth ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>(print) Last _____________________</td>
<td>First _______________________________</td>
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ALL students are REQUIRED to have the following blood tests done to verify immunity. Blood tests must be done prior to your screening appointment with Employee Health. Please do not schedule your appointment with Employee Health until you have had these blood tests done. Please bring this completed form signed by your health care provider to your appointment with Employee Health. Please bring copies of lab results.

- **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 __________

Dates of childhood immunizations can be recorded but will not substitute for antibody titers.

- **MMR #1 Date**
- **Varicella #1 Date**

- **MMR #2 Date**
- **Varicella # 2 Date**

**TUBERCULOSIS SCREENING**

ALL 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 ____________________________

- **Quantiferon TB Gold Date**
  - Date Planted ________________________
  - □ Positive
  - □ Negative
  - Please provide copy of lab report.

**NOTE:** If there is a history of a positive PPD, please provide a chest x-ray report done within the past year.

- **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**

*HCH2348*