UNIVERSITY OF CONNECTICUT STUDENT HEALTH HISTORY FORM

Submit all completed forms and any attachments by scanning and uploading to the Student Health Portal - myHealth.uconn.edu

Student Last Name:	Student First Name:	Student Middle Name:	Pronouns:

Date of Birth:	Sex Assigned at Birth:	Gender Identity:	Net ID:	Chosen Name:
MM/DD/YYYY				

IMMUNIZATION HISTORY

1. MEASLES, MUMPS, RUBELLA (MMR) Vaccination - required of all students born after 1957

OPTION 1:	Measles, Mumps, Rubella (MMR) Vaccination (First dose must be given on or after your first birthday to be accepted)	**Dose #1** MM / DD / YYYY	**Dose #2** MM / DD / YYYY
OPTION 2:	In lieu of proof of vaccination above, a titer showing immunity to each individual disease is an acceptable alternative to the vaccination.		
	Measles Titer Result: ☐ Immune ☐ Not immune Date _____ MM/DD/YYYY Mumps Titer Result: ☐ Immune ☐ Not immune Date _____ MM/DD/YYYY Rubella Titer Result: ☐ Immune ☐ Not immune Date _____ MM/DD/YYYY *If not immune, you are required to receive a booster MMR and repeat the titer or receive two MMR vaccines in lieu of the booster and titer		
OPTION 3:	An incidence of disease will take the place of a vaccine requirement. (Must be filled in by a physician/APRN/PA)		
	Measles Disease MM/DD/YYYY	Mumps Disease MM/DD/YYYY	Rubella Disease MM/DD/YYYY

2. VARICELLA Vaccination - required for all students born after 1979

OPTION 1:	Varicella Vaccination (First dose must be given on or after your first birthday to be accepted)	**Dose #1** MM / DD / YYYY	**Dose #2** MM / DD / YYYY
OPTION 2:	In lieu of proof of vaccination above, a titer showing immunity to the disease is an acceptable alternative to the vaccination.		
	Varicella Titer Result: ☐ Immune ☐ Not immune Date _____ MM/DD/YYYY *If not immune, you are required to receive a booster and repeat the titer or receive two Varicella vaccines in lieu of the booster and titer		
OPTION 3:	An incidence of disease will take the place of a vaccine requirement. (Must be filled in by a physician/APRN/PA)	Varicella Disease MM/DD/YYYY	

3. MENINGOCOCCAL(MCV4) Vaccination - Required of all students living in University housing Supporting documentation required

☐Menactra ☐ Menveo ☐Nimenrix ☐ MenQuadfi **Must cover strains A, C, Y, W-135** **Polysaccharide strain not accepted**	**Date** MM / DD / YYYY	**Vaccination must have been given within 5 years of your first day of classes at UConn.**	**Exceptions to requirement:** ☐ I will not be living in campus owned housing.

4. CLEARANCE TO PLAY CLUB SPORTS

All Club Sports athletes must submit Clearance to Play verification from their healthcare provider that states they have had a physical examination within one year of the sport season's start date.

Date of last physical exam (MM/DD/YYYY): _____ / _____ / _____

X_____
Provider initial

By initialing, I certify that the student named above is healthy and cleared to participate in any Club Sports related activity for the coming academic year.

5. SICKLE CELL TRAIT TEST - Required of all NCAA Student Athletes ONLY

The University of Connecticut mandates that all NCAA Division I student-athletes provide proof of their Sickle Cell Trait Testing status prior to participating in any athletic activities at UConn. A copy of the lab report must be uploaded to your Student Health Portal.

6. Tuberculosis(TB) Risk Questionnaire required of all students: located on Student Health Portal at myhealth.uconn.edu

Signature of Health Care Practitioner (MD / DO / APRN / PA)

By signing below, I am certifying the accuracy of the information documented on the Student Health History Form.

Signature_____ Date_____ Phone_____

Name (print) : Address:

NPI#: