Connecticut State University Student Health Services Form Date Beginning School Fall Spring of (year) (year)					Complete Missing:			
PLEASE RETAIN	A COPY OF THIS FO	ORM FOR YO	UR RECORDS – BOTH SID	ES/PAGES OF THIS	FORM MUST BE COMPL	ETED AND S	UBMITTED	
Last Name		First N			MI			
Date of Birth and Pirthalace:		Sex/Ge	ander:		Student ID #:			
Date of Birth and Birthplace: Sex/Ger			enuer:		Student ID #:	Student ID #:		
	State	of Conne	cticut and Connectic	ut State univer	sities REQUIRE			
Two doses for each Me						isk and/or	Test or Treat	
/accine & Date Given	<u>OR</u> Incidence	of <u>OR</u>	Titer Test Results	Requirement	ts			
1	Disease		(Attach lab report)					
1 Measles #1 or I Date:	MMR Date:		Measles Titer Date:		Must be on or after 1 st birthday.			
Measles #2 or MMR Date:		Result: ☐ Pos ☐ N		<u>Must be</u> at least 28 days after 1 St immunization.				
Mumps #1 or Date:			Mumps Titer Date:	Must be on	Must be on or after 1 st birthday			
Mumps #2 or MMR Date:		Result: ☐ Pos ☐ N		<u>Must be</u> at least 28 days after 1 St immunization.				
3 Rubella #1 or l	MMR Date:		Rubella Titer Date:		Must be on or after 1 st birthday			
Rubella #2 or l	MMR		Result: Pos N		least 28 days after 1	ter 1 st immunization.		
4 Varicella #1	Incidence	of <u>OR</u>	Varicella Titer	Varicella reg	Varicella required only for students born on or after Ja		fter January 1, 1	
Date:	I	ox Disease	Date:	#1 Must be d	on or after 1 st birthday;		• •	
Varicella #2	Date:			#2 Must be a	it least 28 days after 1 st	ımmunızatio	PFI	
Date:	Provider I		Result: Pos N				at .	
Meningococcal (must in	nclude groups A,C,	Y&W-135) <mark>If</mark>	living on-campus, you	r last vaccination	must be within 5 ye	ars of your	1 st day of scho	
Date(s): 1	2	_ Name of V			be living on-campus. I	do not requi	ire this vaccine	
			ESTIONS A THROUGH					
· · · · · · · · · · · · · · · · · · ·	•		t in the past? If you answ				Yes N	
		•	d close contact with any	one who was sick	with tuberculosis (TB)?	?	Yes No	
C. Were you born in o	ne of the countrie	ac lictad halo	wy If yes circle country					
<u>'</u>							Yes No	
D. Have you traveled	or lived for more	than one mo	onth in one or more of th	ne countries listed	• • • • • • • • • • • • • • • • • • • •	•	Yes No	
D. Have you traveled of spanistan, Algeria, Angola, Anguil	or lived for more la,Argentina,Armenia	than one mo ,Azerbaijan,Ba	onth in one or more of the hrain,Bangladesh,Belarus,Bel	ne countries listed ize,Benin,Bhutan,Boliv	via, (Plurinational, State, of), E	Bosnia, and, Her	Yes No	
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Connecticut State University Student Health Services Form – Page 2

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(Rev. 8/2015)