

Dear New UConn Student:

Congratulations on your acceptance! We look forward to meeting you and working with you to maintain your health while at UConn. Our mission at **Student Health and Wellness** is to promote the lifelong physical and emotional well-being of our students. Our philosophy is that you need to be well and feel well so you can do well.

One of the ways we ensure that you are well is by requiring each matriculating student to comply with State of Connecticut immunization laws as well as university health requirements.

**There are two Health-related Requirements at UConn:**

- A. Student Health History Form
- B. Health Insurance Waiver

You can find instructions on how to complete all requirements attached, as well as by visiting [studenthealth.uconn.edu](http://studenthealth.uconn.edu).

The deadline to submit your health history and immunization information is **July 1st**. The

Health Insurance waiver deadline is **September 15th**.

Again, please accept our warm welcome as well as our best wishes for your future success!



Suzanne A. Onorato, Ph.D.  
Executive Director, Student Health and Wellness

[studenthealth.uconn.edu](http://studenthealth.uconn.edu)



Medical Care



Pharmacy



Health Promotion



Mental Health

*Be well. Feel well. Do well.*

### INFORMATION FOR NEW STUDENTS

#### Steps for submitting immunization and medical information

Submission of your immunization and medical information is as easy as **1-2-3!** Please follow the instructions carefully and complete each step in the following order to ensure that your records are processed without delay! **All forms and supporting documentation must be translated to English.**

**Step 1: Obtain** a copy of your official immunization record from your physician's office. The attached health history form can be accepted in lieu of your official immunization record and must be completed and signed by your physician.

**Step 2:** Go to [myhealth.uconn.edu](http://myhealth.uconn.edu), select "**pending forms**" and enter your immunization information into your Student Health History Form in the portal.

Be sure to save at least every 15 minutes to ensure you do not time-out (to save, go to the bottom of the page and hit the "Complete Later" button. You will exit to the forms section. Just go back into the form to continue.)

**Step 3: Upload** your official immunizations record under '**document upload**' on your Student Health Portal.

(Use any free scanner App on your phone to scan document.)

Select Document Upload

> Select Document Type (i.e. health history form)

> Browse the file you wish to submit, and hit save

Once completed, it will indicate, "UPLOAD SUCCESSFUL." NOTE: If you are using a smart phone, be sure to scroll to the top of page to view this message.

*The month, day, and year of all immunizations, titers and/or incidence of disease must be provided. Such statements as "received as a child", "records were lost" or "up to date" are not acceptable.*

*Students in health-related professional programs may be required to submit additional health history information as outlined by their clinical program.*

The only circumstances under which a student may be exempt from submitting proof of immunizations are as follows:

- A physician certifies that a medical condition precludes immunization.
- The student states in writing that the required immunizations would conflict with his/her religious beliefs.

If either of these exemptions exist, Exemption forms are available on our website [shs.uconn.edu/forms](http://shs.uconn.edu/forms)

In the event of a campus infectious disease exposure or outbreak, students who have not received the required vaccines may be required to leave campus during the period of contagion.

To learn more about the diseases that are prevented by the mandatory immunizations, go to [cdc.gov/vaccines/adults/vpd.html](http://cdc.gov/vaccines/adults/vpd.html)

#### Did Student Health and Wellness receive my Health History Form?

ALL students at ALL campuses must submit their MANDATORY immunization information to Student Health and Wellness. Students will be notified via their UConn email as to their current compliance standing.

Student Health and Wellness maintains a web portal through which you may view your immunization information once we have entered it. To use the web portal:

1. Go to [myhealth.uconn.edu](http://myhealth.uconn.edu)
2. Log in using your NetID and password
3. Hover over My Profile and a menu will drop down
4. Select Immunization History
5. You can save and/or print the report that is displayed by using the appropriate icons.

*(Note: the portal only works with IE9 or higher, Firefox, Chrome and Safari browsers)*

# INSURANCE INFORMATION FOR NEW STUDENTS

**DEADLINES:** Fall Semester - September 15th (Waiver available June 1st to September 15th)  
Spring Semester - February 5th (Waiver available December 1st to February 5th)

Most full time\* students are AUTOMATICALLY enrolled and billed for the university sponsored medical insurance plan. If you want to be enrolled in the university plan and you have been billed for the premium, no action is required. You will be reported to the carrier as active/enrolled .

While most full-time\* students are automatically billed for the insurance, there are some university programs that are exempt from the medical insurance requirement. It is advised that ALL students check their tuition fee bill to determine whether the fee for the insurance has been posted (the charge appears as a separate line item "Health Insurance" under "Term" charges.)

Part time students, while not automatically billed, are eligible to voluntarily enroll in the plan. Students that elect to voluntarily enroll in the plan should contact the University Insurance Coordinator at 860-486-4535.

Visit [shs.uconn.edu/insurance-information](https://shs.uconn.edu/insurance-information) to learn more about the university-sponsored plan coverage, premiums and limits. Or contact the Bailey Agencies at 1-800-321-4449 or online line at [baileyagencies.com](https://baileyagencies.com)

\*A full-time student is defined as a degree seeking undergraduate enrolled for 12 or more credits, or a graduate student enrolled for 9 or more credits.

If a student has other insurance coverage and does not need the plan offered by the university, **an on-line insurance waiver must be completed.** (See above for deadline dates)

## **The online waiver is the only acceptable method to decline or "waive" the insurance plan**

To access the online waiver in the UConn Student Administration (PeopleSoft) system, the student will need their UConn Net ID and their secure password.

- Log on to [studentadmin.uconn.edu](https://studentadmin.uconn.edu)
- Click the Bursar Services tile on the Homepage
- Click the Waiver tab within the listing on the far left
- Click the Health Waivers tab
- The University of Connecticut Student Insurance Waiver page will appear
- Enter information as requested

NOTE: for new students, the "FERPA" waiver (also found on the student permissions page) must be completed before access to the insurance waiver is allowed. Upon completion of the form an electronic sign off is required. To sign off use your Net ID number. Then click on "Submit." Once you've submitted the form a pop up message "Waiver Successfully Created" should appear. That is your confirmation

No matter which insurance plan students are covered by, students should always bring their current medical and prescription card(s) as well as their student ID to each Student Health and Wellness visit.

Storrs students who wish to discuss coordination of healthcare needs for ongoing medical and/or mental health concerns may make a free New Student Appointment with Student Health and Wellness.

## **STUDENT HEALTH PORTAL**

[Myhealth.uconn.edu](https://myhealth.uconn.edu) is the Student Health Portal that allows secure web-based means of communication between a student/patient and their UConn SHS health care provider. The portal is used for non-urgent messages and provides a secure means to view parts of their UConn SHS electronic medical records. A UConn Net ID and password is required to access the information. NOTE: It is the students responsibility to keep their password private and to not share their password with anyone. If your password is known to others, please change your password as soon as possible. The intention of the portal is to give quick/easy access to important information and results. If the student wishes to not use the portal as a way of communication, please send an email to [SHS@uconn.edu](mailto:SHS@uconn.edu) and notify the department that you do not wish to use the portal for communication or posting of lab results.

**FOR MORE INFORMATION ABOUT STUDENT HEALTH AND WELLNESS  
VISIT [STUDENTHEALTH.UCONN.EDU](https://studenthealth.uconn.edu)**

Mental Health  
337 Mansfield Road, U-1255  
Storrs, CT 06269-1255  
860-486-4705

Medical Care  
234 Glenbrook Road, U-4011  
Storrs, CT 06269-4011  
860-486-4700

Health Promotion  
626A Gilbert Road, U-1059  
Storrs, CT 06269-1059  
860-486-9431

# 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

**THIS FORM MUST BE SUBMITTED BY JULY 1 FOR FALL SEMESTER AND JANUARY 1 FOR SPRING SEMESTER**

Student Last Name:		Student First Name:		Student Middle Name:	Pronouns:
Date of Birth: MM/DD/YYYY	Sex Assigned at Birth:	Gender Identity:	Net ID:	Preferred Name:	

## IMMUNIZATION HISTORY

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

<b>OPTION 1:</b>	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
<b>OPTION 2:</b>	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: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune		Date _____ MM/DD/YYYY	
	Mumps Titer Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune		Date _____ MM/DD/YYYY	
	Rubella Titer Result: <input type="checkbox"/> Immune <input type="checkbox"/> 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			
<b>OPTION 3:</b>	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

<b>OPTION 1:</b>	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
<b>OPTION 2:</b>	In lieu of proof of vaccination above, a titer showing immunity to the disease is an acceptable alternative to the vaccination.		
	Varicella Titer Result: <input type="checkbox"/> Immune <input type="checkbox"/> 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		
<b>OPTION 3:</b>	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**

<input type="checkbox"/> Menactra <input type="checkbox"/> Menveo <input type="checkbox"/> Nimenrix <input type="checkbox"/> MenQuanfi <b>Must cover strains A, C, Y, W-135</b> <b>Polysaccharide strain not accepted</b>	Date MM / DD / YYYY	<b>Vaccination must have been given within 5 years of your first day of classes at UConn.</b>	<b>Exceptions to requirement:</b> <input type="checkbox"/> I will not be living in campus owned housing. <input type="checkbox"/> I am over 29 years of age.
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### 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#:

# UNIVERSITY OF CONNECTICUT

Submit completed form by scanning and uploading to the Student Health Portal - myHealth.uconn.edu

Student Last Name	Student First Name	Net ID
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## Consent for Treatment/ Insurance Release Form

I hereby authorize UConn Student Health and Wellness staff to provide medical and mental health treatment, which may include medications for treatment of illnesses/injuries, and to arrange for emergency medical care if circumstances render me incapable of making such decision.

I understand that to facilitate the best care for my wellbeing, it may be necessary to share my medical information between departments within Student Health and Wellness. This information will be shared with the intended purpose of coordinating my care in the event that I require an urgent or emergent on-call response.

I hereby authorize Student Health and Wellness to disclose my medical records and/or information from such records to appropriate University personnel and/or Emergency Contacts identified within my records in the event of a health or safety situation as determined by the Student Health and Wellness staff.

I understand that Student Health and Wellness staff may disclose my medical records and/or information from such records to appropriate University personnel for purposes of treatment, payment and healthcare operations, and hereby consent to such disclosures.

I may opt to schedule a telehealth appointment. Telehealth allows my medical provider and/or mental health provider to diagnose, consult, treat and educate using video-conferencing or telephonic services. By agreeing to a scheduled telehealth I hereby consent to participating in treatment and/or psychotherapy via video-conferencing or telephonic services. I understand that the same confidentiality standards that apply to a medical or mental health in-person visit also apply to a Telehealth visit.

I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our therapy sessions could be disrupted or distorted by technical failures. My provider may, at any time, determine that due to certain circumstances, Telehealth is no longer appropriate, and recommend that resumption of in-person sessions.

I also understand there are exceptions to confidentiality wherein Student Health and Wellness may be required to disclose information from my medical record, including mandatory reporting of child, elder, and dependent adult abuse and in the case of credible threats of violence toward a reasonably identifiable person.

By signing below, I authorize Student Health and Wellness to submit to my insurance and agree to take responsibility for all charges whether or not paid by insurance. I acknowledge that my PeopleSoft account may be put "on hold" for unpaid charges incurred at Student Health and Wellness.

**Signature(s) below indicates understanding of an agreement with the above information.**

Student Signature:	Date:	Parent/Guardian Signature:	Date:
X		X	
		If you are under the age of 18 years old, your parent/guardian must sign.	