



University of Connecticut Health Center

Form A

VERIFICATION OF SCHOOL HELD STUDENT HEALTH RECORDS

2009 - 2010

I _____ verify that the administrative
(School/Agency Contact)

offices of the of at _____ have on record for the
(School of Origin)
student(s) listed on following page.

***Health Requirements for Affiliation Experience**

- Evidence of 2 measles and mumps immunizations if born on or after January 1, 1957 (1 Vaccine must be documented after 1980) **and** documented immunity by positive laboratory titers for measles and mumps.
- Evidence of current immunization for rubella **and** an immune laboratory titer.
- Evidence of non-reactive PPD (not more than 6 months old) or documentation of treatment and resolution of active TB episode or documentation of a negative chest x-ray after a positive PPD.
- Documentation of current varicella (chickenpox) titer or verbal history of varicella **and** documentation of a positive immunity by laboratory titer.
- Documentation of declination or acceptance of Hepatitis B Immunization **and** a positive titer after 1st series. When the titer is negative, evidence of 2nd series of 3 doses **and** titer after that.

**Students Enrolled in a Student Observational/Internship Experience Program
At the University of Connecticut Health Center**

Date of Experience: _____

**Please print clearly the following information on the space provided below:
Student's Name, Address, and Local Phone Number.**

1.)
2.)
3.)
4.)
5.)
6.)
7.)
8.)
9.)
10.)

School Contact Authorized Signature

Institution

Date

This form is valid for students affiliating at the University of Connecticut Health Center.

Please return to the student's UCHC Host/Preceptor/Manager.

Please Do Not send individual student health records to the University of Connecticut Health Center.

Completed Form MUST BE MAINTAINED in the student's file

Dev. 1999

Revised: 5/06, 6/07, 4/08, 4/09