



# University of Connecticut Health Center

## Form A

### VERIFICATION OF SCHOOL HELD STUDENT HEALTH RECORDS

2011-2012

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) **or** documented immunity by positive laboratory titers for measles and mumps.
- Evidence of current immunization for rubella **or** an immune laboratory titer.
- Evidence of non-reactive PPD (not more than one year 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 **or** documentation of a positive immunity by laboratory titer.
- Documentation of declination or acceptance of Hepatitis B Immunization **or** a positive titer after 1<sup>st</sup> series. When the titer is negative, evidence of 2<sup>nd</sup> 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
- 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, 4/10, 5/11