



UNIVERSITY OF BRIDGEPORT

Health Requirements for International Students

Student Name	Student ID #	Date of Birth: MM/DD/YYYY

Immunization Requirements

Connecticut State Law requires MMR (Measles, Mumps and Rubella) and Varicella (Chicken Pox) vaccines to matriculate. A Meningococcal Conjugate (ACYW) vaccine is required to live in on campus housing.

If you do not have your vaccine record immunity may be shown by a blood test called a titer. You must include copies of the laboratory reports if titers are done. There is no blood test for the Meningococcal vaccine. You must have the vaccine shot.

Enter dates in MM/DD/YYYY format.

MMR (Measles, Mumps, Rubella). The first dose must be given after the 1st birthday. The second dose must be at least 28 days after the first.

MMR #1 ____/____/____

MMR#2 ____/____/____

Titer results if no vaccine record:

Measles: Date _____ Result: _____ Immune _____ Not immune

Mumps: Date _____ Result: _____ Immune _____ Not immune

Rubella: Date _____ Result: _____ Immune _____ Not immune

Varicella (Chicken Pox). First dose must be given after the 1st birthday. Second dose must be at least 28 days after the first dose

Varicella #1 ____/____/____

Varicella #2 ____/____/____

Titer results if no vaccine record:

Varicella: Date _____ Result: _____ Immune _____ Not immune

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Meningococcal Conjugate Vaccine (ACYW) must be given within 5 years of matriculation and after the age of 16

Meningococcal Conjugate Vaccine (ACYW) ____/____/____ (Required for students who will live in on-campus housing)

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Student Health Portal: All students must upload this signed form, along with the results of Tuberculosis testing and blood tests for immunity (if done) into the Student Health Portal. There are additional, mandatory forms that must be completed in the Portal.

Access it here: [Student Health Portal](#)

Use your University of Bridgeport username and password to log in to the Portal.

Please scan your documents before uploading them. Photos do are not always legible and may cause delays in processing your information. You can download the free Adobe Scan App to your phone for this purpose.

Tuberculosis (TB) Testing

The Tuberculosis screening form found online in the Student Health Portal must be completed. The results of this screening will determine if a test for Tuberculosis must be submitted. Acceptable tests for TB are a PPD skin test or IGRA blood test. You will be prompted to have a Tuberculosis test if needed when you complete the screening form.

PPD Date Given ____/____/____ PPD Date Read ____/____/____ Result _____MM

IGRA Date ____/____/____ Result _____ (Attach/upload copy of laboratory report)

If there is a history of positive PPD provide the date of the positive test ____/____/____

Was treatment for latent TB taken? ____ Yes ____ No

Healthcare Provider's Signature: _____ Date

Healthcare Provider's Stamp:

For any questions, please contact Health Services by email: [Health Services](#)