



## STUDENT HEALTH SERVICES

Dear Prospective student:

This letter is to inform you of the health requirements that need to be submitted to Student Health Services if you plan on attending the University of Bridgeport. If you have already provided this information, please disregard this notice.

**IF YOU DO NOT PROVIDE STUDENT HEALTH SERVICES WITH  
PROOF OF THE FOLLOWING REQUIREMENTS YOU WILL NOT  
BE ABLE TO REGISTER FOR CLASSES OR RESIDE IN ON-CAMPUS HOUSING**

- 1. A completed Health Examination Form (Physical Exam) filled out by your Primary Physician** (not required for Part Time Graduates , Education Students and IDEAL students).
- 2. MEASLES, MUMPS, RUBELLA (MMR) Immunizations:**
  - a. **First dose** on or after 12 months of age and given in or after 1969.
  - b. **Second dose** given on or after January 1, 1980.
  - c. Laboratory evidence (Blood Test) of immunity is acceptable in lieu of administered vaccine, but you must provide proof of immunity with the laboratory slip.
  - d. Not required for students born before 1957.
- 3. VARICELLA (CHICKENPOX) Vaccine**
  - a. **Two vaccines** (12 weeks apart if vaccinated between 1 and 12 years of age and at least 4 weeks apart if vaccinated at age 13 years.
  - b. Laboratory evidence (Blood Test) of immunity is acceptable in lieu of administered vaccine, but you must provide proof of immunity with the laboratory slip.
  - c. A documented history of having had the disease by a medical doctor or public health department is acceptable documentation.
  - d. Students born in the United States before 1980 are exempt.
- 4. MENINGITIS VACCINE if you are living on campus after 2005.**  
Meningitis Vaccination is mandatory by Connecticut State Law for all students residing in on-campus housing.
- 5. PPD test (test for Tuberculosis) within 6 months of registering to the University** (not required for IDEAL Students). **If there is a history of a positive PPD, a negative chest X ray report must be submitted with documentation of whether or not prophylactic therapy taken.**

**Please submit documented proof of the requirements above as soon as possible to the following address or fax or email a scanned copy.** Please write your student ID number on all documentation.

Melissa H. Lopez, Director of Student Health Services  
60 Lafayette Street, Room 116  
Bridgeport, CT 06604  
Fax (203) 576-4715  
[melissal@bridgeport.edu](mailto:melissal@bridgeport.edu)

- **PLEASE MAKE SURE YOU BRING A COPY OF THESE REQUIREMENTS WITH YOU TO ORIENTATION.**
- **MENINGITIS VACCINE IS ONLY AVAILABLE TO STUDENTS THROUGH UB STUDENT HEALTH SERVICES WHO ARE 19 YEARS OF AGE OR YOUNGER. VARICELLA VACCINE IS NOT AVAILABLE THROUGH UB STUDENT HEALTH SERVICES.**
- **STUDENTS WILL BE RESPONSIBLE FOR OBTAINING THESE VACCINES FROM AN OUTSIDE PROVIDER IF NECESSARY. DUE TO THE HIGH COST OF THESE VACCINES, PLEASE DISCUSS THESE REQUIREMENTS WITH YOUR PRIMARY CARE PROVIDER OR YOUR LOCAL HEALTH DEPARTMENT.**

Thank you for your attention to this matter and please accept our best wishes for a healthy and happy educational experience at the University of Bridgeport.

Sincerely,  
Melissa Lopez, Director of Student Health Services