



Trinity College Health Center with Care Provided by
Hartford HealthCare, Campus Care
300 Summit Street
Hartford, CT 06106-3100
p) 860.297.2018
f) 860.297.2020
e) healthcenter@trincoll.edu

Dear Incoming Student,

Congratulations on your acceptance! We look forward to helping you maintain your health while on campus. The Health Center, located in Trinity Hall, provides health care to all students enrolled in at least two classes. We can also facilitate referrals to local specialists as needed. While the Health Center is owned by Trinity College, the staff are contracted employees through a partnership with Hartford HealthCare Medical Group.

The following is a list of requirements in order for students to obtain housing:

- ❑ **Consent and Health & Immunizations Form:**
 - ❑ Print and complete the top section of the [Consent and Immunizations Form](#) (see below).
 - ❑ Have your health care provider complete the bottom.
 - ❑ An up-dated physical is recommended, but not required.
 - ❑ **Upload the completed form to the [Student Health Portal](#).**

The State of Connecticut requires students enrolled at institutions of higher education to be vaccinated against **Measles, Mumps, Rubella** (MMR), **Varicella** (chickenpox) and **Meningitis**. Appropriately documented medical exemption must be on file in the event that any required immunizations are contraindicated. [Public Act 21-6](#) states that only medical exemptions are permissible. To request a medical exemption for required vaccination(s), please submit a completed [Medical Exemption Form](#).

Once you have uploaded all of the required forms into the Student Health Portal, the Health Center will review the information and determine if it is acceptable. If all requirements are met, the task will be changed to "COMPLETE". If there are items still missing, you will be contacted and informed of what is still needed.

You also must complete:

- ❑ **Health Insurance:**
 - ❑ Refer to the Student Accounts Office for further information on the [Health Insurance](#) requirement.
 - ❑ **Action is required** if you will be opting out of the Student Health Insurance Plan.
 - ❑ **Upload your insurance card to the [Student Health Portal](#).**

All students **must** have active health insurance coverage while they are a student at Trinity College and are therefore automatically enrolled in the Student Health Insurance Plan (SHIP) and **charged the annual premium on their student accounts bill**. Students/Families may elect to maintain coverage from home by opting-out of the SHIP by completing an on-line waiver.

If the SHIP is waived, your home insurance plan dictates benefits and coverage for you while at Trinity College and may not allow access to local Hartford area providers. It is the student's responsibility to know their health insurance policy, utilization and referral guidelines if necessary. We encourage you to confirm your coverage benefits in our area with a call to your company's Member Services line and inquire about the network available in our zip code, 06106. It may also prove beneficial to inquire if any "away from home" paperwork needs to be completed to ensure continuation of home benefits while on campus.

Sincerely,

[The Trinity College Health Center Staff](#)



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CONSENT, completed by student/family

Name: _____ Date of Birth: _____ Age: _____

Student Phone: _____ Student ID: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

CONSENT FOR CARE AND TREATMENT

I hereby authorize the Health Center staff employed by Hartford HealthCare Medical Group to provide medical care and treatment to me. This authorization will remain in effect as long as I am a student at Trinity College. In the case of a minor (under 18) a parent or legal guardian’s signature below permits the student to obtain health care in the absence of the guardian. Information obtained from care provided or from these forms may be shared among Health Center staff, Dean of Students, Counseling Center staff and Sports Medicine Staff.

I consent to the use or disclosure of my protected health information by the Health Center to any person or organization for the purposes of carrying out treatment, obtaining payment or conducting certain healthcare operations. Protected health information used or disclosed may include HIV/AIDS related information, psychiatric and other mental health information, and drug and alcohol treatment information, as long as such information is used or disclosed in accordance with Connecticut and Federal law, which may require you to provide specific written authorization. I understand that information regarding how the Health Center will use and disclose my information can be found in the Notice of Privacy Practices on the Health Center’s webpage. I understand that this consent is effective for as long as the Health Center maintains my protected health information, which is 7 years after my graduation date.

By signing below, I understand and acknowledge the following:

- The Health Center may provide care to me on campus while I am at Trinity College.
- I have read the electronic version of the [Privacy Practices](#).

Signature of Student / and Parent/ Guardian (if student is under 18 years of age) **Date**



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Completed by health provider - Health Information and Immunization Documentation

Patient Name: _____ D.O.B. _____ Date: _____

Date of Last Exam: _____

Current medications and dosage:	
Allergies:	
Chronic Medical/Mental Health conditions:	
Specialist Name and phone (if applicable):	
Pertinent Family/Social/Surgical history:	
Tuberculosis Risk Assessment :	<input type="checkbox"/> Low Risk: No TB testing indicated <input type="checkbox"/> High Risk: TB testing indicated <input type="checkbox"/> Test Type: _____ Result: _____ Date: _____

STATE LAW/MANDATORY VACCINES: [INCLUDE COPY OF CHILDHOOD IMMUNIZATION RECORD](#)

1. Meningococcal A, C, Y, and W-135: one dose AFTER age 16 and WITHIN 5 years of enrollment
2. Two doses of Measles, Mumps, Rubella: first dose after 12 months of age, second at least 30 days after first
3. Two doses of Varicella: first dose after 12 months of age, second at least 30 days after first
4. Trinity College highly recommends remaining up-to-date with COVID vaccinations.
5. Trinity College highly recommends Meningitis B and Tetanus vaccinations.

Date Format - MM/DD/YYYY

REQUIRED			
Meningococcal ACWY		Age _____	
MMR			OR: obtain serology and attach
Varicella			OR: obtain serology and attach
	Or date of varicella illness: _____		
RECOMMENDED			
SARS COVID-19			
	Manufacturer: _____	Manufacturer: _____	Manufacturer: _____
Meningococcal B			
Tetanus			

If there is a medical reason why any of the required vaccinations have not been administered, please complete the [Medical Exemption Form](#).

This patient may participate fully in club, intramural, and recreational sporting activities.

Signature: _____ MD/NP/PA Date: _____

Phone: _____

Address or Office Stamp: _____

Partnered with

