



# GRADUATE LIBERAL STUDIES PROGRAM IMMUNIZATION COVER SHEET

Please type or print in ink.  
Keep copies of everything you submit in case something gets lost in the mail.  
For more information, see [www.wesleyan.edu/glsp](http://www.wesleyan.edu/glsp)

Connecticut State law requires students registering at post-secondary schools to demonstrate that they meet criteria of adequate immunization against measles and rubella. This cover sheet and the immunization documentation should be delivered to the Wesleyan Student Health Services, at the address at the top of the page, by mail, hand delivery, or fax. You will receive a copy of this form within three weeks to confirm the status of your immunization documentation. Students born on or before January 1, 1957 are exempt.

## PERSONAL INFORMATION (Student Use):

Wesleyan ID#: \_\_\_\_\_ or Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

## DOCUMENTATION PROVIDED (Physician or Student Use):

Please provide one of the following types of immunization documentation, checking appropriate box:

- Certified laboratory report showing protection against measles and rubella
- Signed letter from student's physician, or copy of student's medical record, indicating that the student has met State of Connecticut immunization series criteria for higher education, including the dates of the doses
- Physician's note stating that, in physician's opinion, immunization is contraindicated and the specific reason for the opinion
- Signed letter from student's physician or health director in student's present or previous town stating that the student has had a confirmed case of the disease
- Signed affidavit stating immunization is contrary to his or her religious beliefs
- State of Connecticut high school diploma or transcript indicating graduation in 1999 or later

This cover sheet and the immunization documentation should be delivered to the Wesleyan Student Health Services at the address at the top of the page, by mail, hand delivery, or fax to (860) 685-2471.

## WESLEYAN UNIVERSITY USE ONLY

Student immunization documentation is:

- |   |  |
|---|--|
| <input type="checkbox"/> Complete: <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood Test</li> <li><input type="checkbox"/> Date of Birth</li> <li><input type="checkbox"/> Immunization Series Complete</li> <li><input type="checkbox"/> Physician's Note</li> <li><input type="checkbox"/> Religious Exemption</li> <li><input type="checkbox"/> State of CT High School Transcript</li> </ul> | <input type="checkbox"/> Incomplete: <ul style="list-style-type: none"> <li><input type="checkbox"/> Vaccination Record Incomplete</li> <li><input type="checkbox"/> Lab Work is Missing</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
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Health Center Office Use:  
Date reviewed: \_\_\_\_\_  
Initials: \_\_\_\_\_

GLSP Office Use:  
Date reviewed: \_\_\_\_\_  
Initials: \_\_\_\_\_  
Date mailed to Student: \_\_\_\_\_