## Immunization Compliance

Community Scholars taking 3 or more credits must demonstrate that they meet criteria of adequate immunization against meningitis, varicella, and Measles/Mumps/Rubella (MMR).

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

<table>
<thead>
<tr>
<th>Measles, mumps and rubella (MMR)</th>
<th>Meningitis</th>
<th>Chicken pox (Varicella)</th>
</tr>
</thead>
</table>
| **Documentation of immunization series**:  
  - 2 doses of MMR vaccine  
  - Separated by at least 28 days  
  - First dose on or after 1st birthday | Signed letter from the student's physician, or a copy of the 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 | Documentation of immunization series  
  - 2 doses of varicella vaccine  
  - Separated by at least 28 days  
  - First dose on or after 1st birthday |
| **Documentation of laboratory confirmation of immunization** | Physician’s note stating that, in the physician’s opinion, immunization is contra-indicated and the specific reason for the opinion | **Documentation of laboratory confirmation of immunization** |
| **Documentation that you have had the disease** | Please note that in October 2010 the Advisory Committee on Immunization Practices is now recommending booster doses of the MCV4 vaccine for healthy adolescents 16-18 years of age. If it has been greater than 5 years since your last immunization, please speak to your medical provider about getting a booster shot. | **Documentation that you have had the disease** |
| **Documentation from physician that you are medically contraindicated from receiving these vaccines** | Signed affidavit by the student stating immunization is contrary to the student’s religious beliefs | **Documentation from physician that you are medically contraindicated from receiving these vaccines** |
| **Signed affidavit by the student stating immunization is contrary to the student's religious beliefs** | | **Signed affidavit by the student stating immunization is contrary to the student’s religious beliefs** |

Student signature: ___________________________  Date: ___________________________

This cover sheet and the immunization documentation should be delivered by mail, hand-delivery or fax to:

University Health Services  
327 High Street  
Middletown, CT 06459 fax  
860.685.2471

### STUDENT HEALTH SERVICES USE ONLY

Student immunization documentation is:

- [ ] Complete  
- [x] Incomplete  
- [ ] Blood test  
- [ ] Vaccination record incomplete  
- [ ] Contra-indicated by physician note  
- [ ] Missing lab work  
- [ ] Religious exemption  
- [ ] Missing lab work  
- [ ] Other

Reviewer's signature and date: ___________________________

### CONTINUING STUDIES OFFICE USE ONLY

Student Records  
Processed by: (initials and date)