

Student Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Month/Day of Birth: \_\_\_\_\_  
WesID: \_\_\_\_\_

## DOCUMENTATION (student or physician use)

Wesleyan requires all students taking one or more courses to provide proof of vaccination against COVID-19. Community Scholars taking 3 or more credits must also 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:

COVID-19 Vaccine		Measles, mumps and rubella (MMR)		Meningitis		Chicken pox (Varicella)	
Documentation of immunization series (and boosters). Series requirements vary by vaccine type.		<b>Documentation</b> of immunization series: <ul style="list-style-type: none"> <li>• 2 doses of MMR vaccine</li> <li>• Separated by at least 28 days</li> <li>• First dose on or after 1<sup>st</sup> birthday</li> </ul>		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 <ul style="list-style-type: none"> <li>• 2 doses of varicella vaccine</li> <li>• Separated by at least 28 days</li> <li>• First dose on or after 1<sup>st</sup> birthday</li> </ul>	
		Documentation of laboratory confirmation of immunization				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		Documentation from physician that you are medically contraindicated from receiving these vaccines		Documentation from physician that you are medically contraindicated from receiving these vaccines		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		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: \_\_\_\_\_

Signature of parent/guardian (if student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Policy on Medical Exemption: [immunexemptformMed.pdf \(wesleyan.edu\)](#)

Policy on Religious Exemption: [immuneexemptformRel.pdf \(wesleyan.edu\)](#)

This cover sheet and the immunization documentation should be emailed to Joyce Walter at Wesleyan Health Services – [jwalter@wesleyan.edu](mailto:jwalter@wesleyan.edu).

## STUDENT HEALTH SERVICES USE ONLY

Student immunization documentation is:

- |   |  |
|---|--|
| <input type="checkbox"/> Complete                           | <input type="checkbox"/> Incomplete                    |
| <input type="checkbox"/> Blood test                         | <input type="checkbox"/> Vaccination record incomplete |
| <input type="checkbox"/> Contra-indicated by physician note | <input type="checkbox"/> Missing lab work              |
| <input type="checkbox"/> Religious exemption                | <input type="checkbox"/> Other                         |

Reviewer's signature and date: \_\_\_\_\_