

IMMUNIZATION COVER SHEET

Please keep a copy of all documents submitted for your personal records
For more information, please visit our website at www.wesleyan.edu/masters

PERSONAL INFORMATION

Wesleyan ID#: _____ or Month/Day of Birth: _____

Name: _____

Email Address: _____

INSTRUCTIONS

State of CT regulations require students taking 3 or more courses to provide proof of adequate immunization against **measles, mumps, rubella (MMR), meningitis, and chicken pox (varicella)**.

Wesleyan University requires all students taking one or more courses to provide proof of vaccination against **influenza, COVID-19, and proof of the COVID-19 booster**.

Immunization documentation should be reported as indicated below.

MMR, VARICELLA & MENINGITIS

Before Admission to Wesleyan:

MMR, Varicella and Meningitis: Email documentation and this coversheet to Joyce Walter at Wesleyan Health Services – jwalter@wesleyan.edu. Please indicate below the documentation provided by you or your physician as proof of adequate immunization or the exemption that applies to your situation.

Measles, mumps and rubella (MMR)	Chicken pox (varicella)	Meningitis
Documentation of immunization series: <ul style="list-style-type: none"> 2 doses of MMR vaccine Separated by at least 28 days First dose on or after 1st birthday 	Documentation of immunization series <ul style="list-style-type: none"> 2 doses of varicella 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 laboratory confirmation of immunization	Documentation of laboratory confirmation of immunization	
Documentation that you have had the disease	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 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

COVID VACCINATIONS / BOOSTERS AND FLU SHOT

After Admission to Wesleyan:

Students must upload documentation to their Wesleyan Student Portal (WesPortal) as follows:

- COVID-19 Vaccine and Booster: WesPortal>COVID-19 Resources>COVID-19 Vaccination Self-Reporting
- Flu Vaccine (2022): WesPortal>COVID-19 Resources>Flu Vaccine Upload

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

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

Student signature _____ Date _____