

PreCollege Study at Wesleyan 2020 Immunization Form

Please upload this document to the admission portal.

Name of Student: _____ Date of Birth: _____

Connecticut State Law requires students living on-campus to 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, checking the appropriate box:

Measles, mumps and rubella (MMR)	Meningitis	Chicken pox (varicella)
Documentation of immunization series: -2 doses of MMR vaccine -Separated by at least 28 days -First dose on or after 1 st 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 1 st birthday
Documentation of laboratory confirmation of immunization	Certified laboratory report showing protection against meningitis	Documentation of laboratory confirmation of immunization
Documentation that you have had the disease	Documentation that you have had the disease	Documentation that you have had the disease
Documentation from physician that you are medically contraindicated from receiving these vaccines	Physician's note stating that, in the physician's opinion, immunization is contra-indicated and the specific reason for the opinion	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

This cover sheet and the immunization documentation should be delivered by uploading the documents to your Slate account.

Health Services Use Only:

- | | |
|---|--|
| <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: _____