

## IMMUNIZATION COVER SHEET

HEALTH SERVICES  
327 HIGH STREET  
MIDDLETOWN, CT 06459

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

### PLEASE RETURN TO UNIVERSITY HEALTH SERVICES

#### PERSONAL INFORMATION

Wesleyan ID#: \_\_\_\_\_ or Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### INSTRUCTIONS

State of CT regulations require students to provide proof of adequate immunization against measles, mumps, rubella (MMR) and chicken pox (varicella).

- Please indicate the documentation provided by you or your physician as proof of adequate immunization or the exemption that applies to your situation
- **Send this cover sheet with indicated documentation to:**

**University Health Services**  
327 High Street  
Middletown, CT 06459  
or fax it to (860) 685-2471

#### DOCUMENTATION PROVIDED

Measles, mumps and rubella (MMR)	Chicken pox (varicella)
Documentation 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>	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	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
Exemption: I affirm that I was born before January 1, 1957	Exemption: I affirm that I was born before January 1, 1980
Exemption: I affirm that immunization is against my religious beliefs	Exemption: I affirm that immunization is against my religious beliefs

Student signature \_\_\_\_\_ Date \_\_\_\_\_

University Health Services Use	GLSP Office Use
Student meets all requirements – initials and date:	Student record updated:
Student does not meet requirements because:	Student notified: