

## 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)

### PERSONAL INFORMATION

Wesleyan ID#: \_\_\_\_\_ or Month/Day of Birth: \_\_\_\_\_

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

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

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

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

### INSTRUCTIONS

Wesleyan requires all students taking one or more courses to provide proof of vaccination against COVID-19. 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.
- This cover sheet and the immunization documentation should be emailed to Joyce Walter at Wesleyan Health Services – [jwalter@wesleyan.edu](mailto:jwalter@wesleyan.edu).

### DOCUMENTATION PROVIDED

COVID-19	Measles, mumps and rubella (MMR)	Chicken pox (varicella)
Documentation of immunization series (and boosters). Series requirements vary by vaccine type.	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	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
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

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

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

I am a current student and am submitting documentation for COVID-19 vaccine requirements.

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: