PreCollege Study at Wesleyan 2019
Immunization Form

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:

<table>
<thead>
<tr>
<th>Measles, mumps and rubella (MMR)</th>
<th>Meningitis</th>
<th>Chicken pox (varicella)</th>
</tr>
</thead>
</table>
| **Documentation of immunization series:**  
- 2 doses of MMR 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 immunization series  
- 2 doses of varicella vaccine  
- Separated by at least 28 days  
- First dose on or after 1st 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:**

- [ ] Complete  
- [ ] Incomplete  
- [ ] Blood test  
- [ ] Vaccination record incomplete  
- [ ] Contra-indicated by physician note  
- [ ] Missing lab work  
- [ ] Religious exemption  
- [ ] Other

Reviewer’s signature and date: ________________________________________________________