

Name: _____ Date of Birth: _____

DOCUMENTATION (student or physician use)

Community Scholars taking 3 or more credits must 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 for each column, checking the appropriate box:

Measles, mumps and rubella (MMR)	Meningitis	Chicken pox (Varicella)
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 	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 <ul style="list-style-type: none"> • 2 doses of varicella vaccine • Separated by at least 28 days • First dose on or after 1st birthday
Documentation of laboratory confirmation of immunization	Physician's note stating that, in the physician's opinion, immunization is contra-indicated and the specific reason for the opinion	Documentation of laboratory confirmation of immunization
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 that you have had the disease
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	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

Student signature: _____ Date: _____

This cover sheet and the immunization documentation should be delivered by mail, hand-delivery or fax to:

University Health Services
327 High Street
Middletown, CT 06459 fax
860.685.2471

STUDENT HEALTH SERVICES USE ONLY

Student immunization documentation is:

Complete

Incomplete

Blood test

Vaccination record incomplete

Contra-indicated by physician note

Missing lab work

Religious exemption

Other

Reviewer's signature and date: _____

CONTINUING STUDIES OFFICE USE ONLY

Student Records

Processed by: (initials and date)