

WESLEYAN

UNIVERSITY

SUMMER SESSION 2017 – PRECOLLEGE STUDY IMMUNIZATION COMPLIANCE

PERSONAL INFORMATION

Name: _____ Date of Birth (mm/dd/yyyy): _____

DOCUMENTATION (student or physician use)

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: <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	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 may be sent to the PreCollege office with other materials or, if sent by a physician, should be delivered by mail, hand-delivery or fax to:

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

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

OFFICE USE ONLY

Student Records

Processed by: (initials and date)