

IMMUNIZATION COVER SHEET

Continuing Studies (GLS & BLS)

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

PERSONAL INFORMATION

Wesleyan ID#: _____ or Month/Day 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)**.

Wesleyan University highly recommends that all students get vaccinated against COVID-19 and influenza.

Immunization documentation should be reported as indicated below.

MMR & VARICELLA

Before Admission to Wesleyan:

MMR and Varicella: Email documentation and this coversheet to Davison Health Center at Wesleyan University – cmurphy01@wesleyan.edu. Please indicate below the documentation provided by you or your physician as proof of adequate immunization or the exemption that applies to your situation.

Measles, mumps and rubella (MMR)	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 	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	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
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

Policies on Exemptions

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

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

Student signature _____ Date _____