



State Immunization Policy

Banner ID # _____
If unknown, leave blank

If you were born after December 31, 1956, Connecticut state law requires that all full-time (degree-seeking and non-degree/non-matriculating) and part-time matriculating students enrolled in post-secondary schools be protected against measles and rubella. Students must have two doses of measles vaccine to ensure adequate immunization. The first must have been administered after January 1, 1969, and the second after December 31, 1979, (at least one month apart). For rubella (German Measles), one dose of vaccine is considered adequate immunization for all students.

Students who have graduated from a Connecticut public or non-public high school in 1999 or after are exempt due to new legislation, but they must submit proof of high school graduation prior to registration.

Name of Student _____ SS# _____ - _____ - _____ DOB ____/____/____
 Address _____ Street _____ Town _____ State _____ Zip _____

OPTION 1

Document that you have received adequate vaccination.

- The documentation must clearly indicate you have had **TWO** doses of vaccine for the **MEASLES**
- ONE** dose of **RUBELLA** vaccine is also required

MEASLES:

_____/_____/_____ - Must be after age one (1)
 (Date of first dose) - Must be after 1/1/69

_____/_____/_____ - Must be after 1/1/80
 (Date of second dose)

RUBELLA : ____/____/____ - Must be after age one (1)

_____/_____/_____
 Official Stamp of physician or other authorized medical personnel Date

 Address Required

OPTION 2

Document that you have already had these two diseases. If you cannot document a confirmed case of the diseases(s), then you must submit immunity results from a medical laboratory test (Titer Test)

MEASLES - Confirmation of disease on ____/____/____
 OR (Date of Disease)

Titer Test results: confirmation
 of Immunity on: ____/____/____
 (Date of Test)

RUBELLA - Confirmation of disease on ____/____/____
 OR (Date of Disease)

Titer Test results: confirmation
 of Immunity on: ____/____/____
 (Date of Test)

_____/____/_____
 Official stamp of physician or other authorized medical personnel Date

 Address Required

OPTION 3

There may be a medical reason (e.g. pregnancy), which prohibits you from being vaccinated. If so, have a doctor write a statement to that effect.

 Signature of physician or other authorized medical personnel
 ____/____/____
 Date

OPTION 4

If inoculation is contrary to your religious beliefs or practices, submit a letter explaining this as documentation of compliance.

_____ Religious exemption claimed, letter attached.

Students must comply and return document to the Dean of Student Services Office prior to registration.

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