

# Appendix A - Proof of Measles, Mumps, Rubella, Varicella, and Meningococcal Immunization

## STUDENT INFORMATION

**Full Name:** \_\_\_\_\_

Last First

**Student ID Number:** \_\_\_\_\_ **Birthdate:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MM/DD/YYYY

**Full Address:** \_\_\_\_\_

City State Zipcode

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

As required by Connecticut state law, the following immunizations are required for all students born after December 31, 1956: Measles (2 doses), Rubella (2 doses), and Mumps (2 doses). In addition, the following vaccination is required for all students born on or after January 1, 1980: Varicella (2 doses). In addition, the following vaccine is required for all students living on campus: Meningococcal (1 dose).

	Date of 1st Dose (MM/DD/YYYY)	Date of 2nd Dose (MM/DD/YYYY)	Check box below if you plan to file for an exemption from this vaccine	
Measles			<input type="checkbox"/>	
Rubella			<input type="checkbox"/>	
Mumps			<input type="checkbox"/>	
Varicella			<input type="checkbox"/>	<input type="checkbox"/> Check this box if you were born before January 1, 1980 and therefore do not require this vaccine
Meningococcal			<input type="checkbox"/>	<input type="checkbox"/> Check this box if you are not living on campus and therefore do not require this vaccine

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THIS SECTION IS TO BE FILLED OUT BY THE MEDICAL PHYSICIAN OR ADVANCED PRACTICE REGISTERED NURSE (APRN)

**I certify that the above information is correct according to the above student's medical records.**

Print name of Medical Physician or APRN Date

Signature of Medical Physician or APRN Medical Physician/APRN contact email or phone number