Goodwin University

IMM

Proof of Immunization

Connecticut laws require that all full-time and matriculated students attending Connecticut colleges and born on or after January 1, 1957, must submit evidence of immunization against Mumps, Measles, and Rubella as well as submit evidence of immunization against Varicella for those born on or after January 1, 1980. Any student not born in the United States (Puerto Rico is not included) must provide proof of Varicella immunization. Students who will reside in college housing are also required to submit evidence of immunization against Meningitis.

If you cannot obtain any records, a doctor can run a test (titer) for Measles, Mumps, Rubella, and/or Varicella, and/or Menigitis to determine if you need a vaccination. If the test shows that you need a vaccination for Measles, Mumps, Rubella, and/or Varicella, and/or Meningitis, the doctor will give you one and record it on this form. If you received the first vaccination for Measles, Mumps, Rubella, and/or Varicella, you must return to the doctor after one month to receive the second dose. The doctor must sign a note stating that you received this second dose.

Full Name: Date of birth: MM/DD/YY

Class Start Date: Gender Identity:

Full Address:

Phone: Best time to call:

INOCULATION SERIES

MMR - Date of first dose: Date of second dose:

Varicella - Date of first dose: Date of second dose:

Meningitis - Date of inoculation (must be within 5 years of your first day of classes):

OR

LABORATORY VERIFICATION OF IMMUNITY

Required for anyone not providing proof of inoculation series.

Measles titer date: Results:

Mumps titer date: Results:

Rubella titer date: Results:

Varicella titer date: Results:

Meningitis titer date: Results:

OR

WRITTEN VERIFICATION OF DISEASE HISTORY FROM A PHYSICIAN

List dates of occurrence below.

Measles: Mumps: Rubella: Varicella: Meningitis:

Physician's name (please print or type):

Physician's Signature: Date: