

Appendix A - Proof of Measles, Mumps, Rubella, and Varicella 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).

	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

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

Physician or APRN license number