



## APPENDIX A – PROOF OF MEASLES, MUMPS, RUBELLA, VARICELLA AND MENINGOCOCCAL IMMUNIZATION

STUDENT LAST NAME		FIRST NAME	
STUDENT IDENTIFICATION NUMBER	BIRTHDATE (MM/DD/YYYY)	CONTACT NUMBER (      )	
STREET ADDRESS		CITY	STATE
			ZIP CODE

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 1 <sup>st</sup> Dose	Date of 2 <sup>nd</sup> Dose	Check this Box if you are filing for an exemption for this vaccine	
<b>Measles</b>	/   /	/   /	<input type="checkbox"/>	
<b>Rubella</b>	/   /	/   /	<input type="checkbox"/>	
<b>Mumps</b>	/   /	/   /	<input type="checkbox"/>	
<b>Varicella</b>	/   /	/   /	<input type="checkbox"/>	<input type="checkbox"/> Check this box if you were born before January 1, 1980 and therefore do not require this vaccine
<b>Meningococcal</b>	/   /		<input type="checkbox"/>	<input type="checkbox"/> Check this box if you are not living on campus 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

\_\_\_\_\_  
Physician/APRN Email or Phone Number