# GOODWIN COLLEGE

## Proof of Measles/Mumps/Rubella/Varicella Immunity

(New CT Requirement – Mumps/Varicella Immunity effective August 1, 2010)

**Start Date:** _____

Connecticut laws require that all full-time & 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 submitting 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.

***You will not be allowed to attend classes unless this proof is provided.***

Name of Student_____
(Please print) Last First Middle Birth Date

Address/Street_____
Town State Zip Home Phone # Work Phone #

## Inoculation Series

MMR - 1st dose_____ MMR - 2nd dose_____
Date Date

Varicella – 1st dose_____ Varicella – 2nd dose_____
Date Date

**-or-**

## Laboratory Verification of Immunity

(required for anyone not providing proof of inoculation series)

Measles_____
(titer date) (results)

**-and-**

Rubella_____
(titer date) (results)

**-and-**

Mumps_____
(titer date) (results)

**-and-**

Varicella_____
(titer date) (results)

-or-

## Written Verification of Disease History from a Physician

Measles_____ Rubella_____ Mumps_____ Varicella_____
Date of occurrence Date of occurrence Date of occurrence Date of occurrence

Physician's name (please print or type) _____

Physician's Signature_____ Date _____