

WESTERN CONNECTICUT STATE UNIVERSITY

Health Service phone : 203-837-8594 fax: 203-837-8583

Undergraduate & Graduate

Part Time Students' Immunization Form

State of Connecticut law requires all full time & matriculated students, born after December 31, 1956 to provide proof of adequate immunization against Measles (rubeola), German Measles (rubella), and as of August 1, 2010 Varicella (chicken pox) and Mumps.

WCSU requires this proof from all students prior to registration.

Name: _____ Birth Date: _____ ID Number: _____
Phone: _____

Measles:

Dates for two separate doses of measles vaccines must be submitted. Proof of these two immunizations must fall within the following guidelines:

Immunization with live measles vaccines administered as follows:

- first dose on or after 12 months of age & given in or after 1969
- second dose given on or after 1/1/1980 *or*
- serological evidence of immunity (titre report)

Rubella (German Measles):

- Immunization with Rubella after 1st birthday *or*
- serological evidence of immunity (titre report)

Mumps: As of August 1, 2010

Two doses of mumps vaccine

- One given on or after the first birthday
- Second vaccine given at least 28 days after the first dose *or*
- serological evidence of immunity (titre report)

Varicella (Chicken Pox): As of August 1, 2010

Two doses of varicella vaccine *or*

- serological evidence of immunity (titre report)

| | <u>Month</u> | <u>Day</u> | <u>Year</u> |
|--|--------------|------------|-------------|
| Measles (given after 12 months of age & in or after 1969) | _____ | _____ | _____ |
| Measles (given on or after 1/1/1980) | _____ | _____ | _____ |
| MMR 1 st dose (given after 12 month of age & in or after 1969) | _____ | _____ | _____ |
| MMR 2 nd dose (given after 1/1/1980) | _____ | _____ | _____ |
| Mumps 1 st dose (given after 12 months of age) | _____ | _____ | _____ |
| Mumps 2 nd dose (given at least 28 days after 1 st dose) | _____ | _____ | _____ |
| Varicella 1 st dose | _____ | _____ | _____ |
| Varicella 2 nd dose | _____ | _____ | _____ |

Note: A certificate of disease from a physician or health department for measles, mumps, rubella and/or varicella is acceptable.

The actual laboratory results of a positive titer (blood test) may be submitted in lieu of immunizations.

Print Healthcare Provider's Name: _____

Signature of Healthcare Provider: _____ Date: _____
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