

WESTERN CONNECTICUT STATE UNIVERSITY

PART TIME UNDERGRADUATE & GRADUATE IMMUNIZATION FORM

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

State of Connecticut Statutes/Section 10a-155 requires all full and part time matriculated students, born after December 31, 1956 to provide proof of adequate immunization against Measles (rubeola), German Measles (rubella), Varicella (chicken pox) and Mumps.

- **WCSU requires immunization proof from all students prior to registration**
- **All full time students are required to complete the CSU Confidential Health Record go to: www.wcsu.edu/healthservices/onlineforms.asp**

Name: _____ Birth Date: _____ ID Number: _____

Phone: _____ Circle if: Transfer or Graduate Studies

Measles: Proof of immunity to Measles- (Rubeola)-this means you must provide proof of the following:

- 1st dose on or after 12 months of age
- 2nd dose must be at least 28 days for 1st dose **or**
- **Two MMR or**
- Documentation (actual lab results) of positive titer (blood work)

Rubella (German Measles):

Proof of immunity to Rubella- this means you must provide proof of the following:

- 1st dose on or after 12 months of age
- 2nd dose must be at least 28 days for 1st dose **or**
- **Two MMR or**
- Documentation (actual lab results) of positive titer (blood work)

Mumps: Proof of immunity to Mumps- this means you must provide proof of the following:

- 1st dose on or after 12 months of age
- 2nd dose must be at least 28 days for 1st dose **or**
- **Two MMR or**
- Documentation (actual lab results) of positive titer (blood work)

Varicella (Chicken Pox): Proof of immunity to Varicella- this means you must provide proof of the following:

- 1st dose on or after 12 months of age
- 2nd dose must be at least 28 days for 1st dose **or**
- **Exempt for transfer & graduate students**
- Exempt if born in the USA before 1/1/1980

	<u>Month</u>	<u>Day</u>	<u>Year</u>
MMR 1 st dose (given after 12 months of age)	_____	_____	_____
MMR 2 nd dose (given at least 28 days from 1 st dose)	_____	_____	_____
Measles 1 st dose (given after 12 months of age)	_____	_____	_____
Measles 2nd dose (given at least 28 days from 1 st dose)	_____	_____	_____
Mumps 1 st dose (given after 12 months of age)	_____	_____	_____
Mumps 2 nd dose (given at least 28 days after 1 st dose)	_____	_____	_____
Rubella 1 st dose (given after 12 months of age)	_____	_____	_____
Rubella 2 nd dose (given at least 28 days from 1 st dose)	_____	_____	_____
Varicella 1 st dose (given after 12 months of age)	_____	_____	_____
Varicella 2 nd dose (given at least 28 days from 1 st dose)	_____	_____	_____
Menactra (meningococcal vaccination) for resident students	_____	_____	_____

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

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

Healthcare Provider Print Name: _____ Signature: _____ Date: _____ 01/11