



## 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



# APPENDIX B – IMMUNIZATION EXEMPTION FORM

STUDENT LAST NAME		FIRST NAME	
STUDENT IDENTIFICATION NUMBER	BIRTHDATE (MM/DD/YYYY)	CONTACT NUMBER (     ) -     -	
STREET ADDRESS		CITY	STATE
			ZIP CODE
PLEASE CHECK (ALL OF) THE BOX(ES) FOR THE IMMUNIZATION(S) YOU ARE REQUESTING AN EXEMPTION FROM:			
<input type="checkbox"/> MEASLES	<input type="checkbox"/> MUMPS	<input type="checkbox"/> RUBELLA	<input type="checkbox"/> VARICELLA
<input type="checkbox"/> MENINGOCOCCAL			
I AM REQUESTING A:			
<input type="checkbox"/> RELIGIOUS EXEMPTION	<input type="checkbox"/> MEDICAL EXEMPTION	<input type="checkbox"/> AN EXEMPTION AS AN ONLINE ONLY STUDENT	

If you are requesting an exemption from any immunization for a religious reason, please provide a statement below explaining the reason(s) why you are requesting this exemption:

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If you are requesting an exemption from any immunization for a medical reason, please select from the options below and provide the requested supporting medical documentation as indicated.

- I am requesting a medical exemption because the immunization(s) as indicated above is(are) medically contraindicated. I will provide documentation from a medical physician or advanced practice registered nurse (APRN) that such immunization is medically contraindicated
  
- I am requesting a medical exemption because I have had a confirmed case of the disease(s) indicated above. I will provide medical documentation from a medical physician or APRN or the director of health of my current or former town of residence indicating that I had a confirmed case of the respective disease or I will provide documentation of a titer test.

If you are requesting an exemption as an online only student, please read each statement below carefully and indicate that you agree by signing your initials on the line next to the statement.

\_\_\_\_\_ I plan to enroll in an online program in which all courses will be held in a virtual environment.

\_\_\_\_\_ I agree to not participate in any programs or activities on University-owned property while I am completing my coursework at the University whether I am participating in classes or during any breaks. This includes, but is not limited to, the following graduation activities: commencement, the Honors and Awards Ceremony, and Grad Expo or any equivalent event(s).

\_\_\_\_\_ I agree not to come to campus for assistance I require from the University, such as billing assistance, registration assistance, academic advising, etc. For such services I will contact someone and receive help virtually.

\_\_\_\_\_ I agree that if I should I change my mind and would like to disqualify myself for this exemption, I will follow the appropriate steps as indicated in the Immunization Policy.

\_\_\_\_\_ I agree that if I require any accommodations through the Accessibility Office, I will notify the Accessibility Coordinator/Director of my immunization exemption.

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**I understand and agree to the following if my exemption is accepted:**

**That by filing for an exemption to the Immunization Policy, I will not be allowed on campus in the event of an outbreak for the duration of the outbreak for a disease that I am not immunized for as required by law and indicated in my records, and I will accept any of the associated consequences.**

**That should I be exposed to a disease for which I am not immunized for as required by law and indicated in my records, I agree to notify the University and understand that I will not be allowed on campus until it has been determined that it is medically safe for me and the University Community, and I will accept any of the associated consequences.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian if student is Under the age of 18 Years

\_\_\_\_\_  
Date