



Registrar's Office Immunization Verification

Please fax completed form to 860-512-3221 or email it to Sherri Scudder at sscudder@manchestercc.edu. For questions, please call 860-512-3225.

STUDENTS MUST RETURN THIS COMPLETED DOCUMENT TO THE REGISTRAR'S OFFICE PRIOR TO REGISTRATION.

STATE IMMUNIZATION POLICY

Connecticut State Law requires that all full-time and part-time matriculating students **born after December 31, 1956** and enrolled in postsecondary schools be adequately protected against measles, mumps, rubella and varicella (chickenpox). Students must have two doses of each vaccine administered at least one month apart to ensure adequate immunization.

IF YOU ARE NOT EXEMPT, PLEASE COMPLETE ONE OF THE OPTIONS BELOW AND ATTACH THE NECESSARY DOCUMENTATION.

STUDENT INFORMATION

First Name	MI	Last Name	
Social Security Number	Date of Birth	Banner ID Number	
Mailing Address			
City	State	Zip	

TO BE COMPLETED BY PHYSICIAN.

OPTION 1: LAB EVIDENCE OF IMMUNITY OR CONFIRMED CASE OF DISEASE

Test results (Titer) for lab evidence must be attached to this form or document that you have already had the disease(s). If you cannot document a confirmed case of the disease(s), then you must submit immunity results from a medical laboratory.

Vaccination Type	Date of Test Month/Date/Year	Result of Test	Date of Disease
MEASLES			
MUMPS			
RUBELLA			
VARICELLA			

OPTION 2: RECORD OF IMMUNIZATION

MMR	Month/Date/Year	Month/Date/Year	
and			
VARICELLA	Month/Date/Year	Month/Date/Year	Titer Date or History of Disease

PHYSICIAN SIGNATURE

I hereby certify that this student has received the immunization(s) or has laboratory evidence of immunity as indicated.

Physician Signature or Authorized Person	Date
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Physician's Stamp or DEA Number

Page 2: Immunization Waivers

Options 3 and 4: Medical or Religious Exemptions

EXEMPTIONS

Students with medical or religious exemptions shall be permitted to attend college except in the case of a vaccine-preventable disease outbreak in the college. All susceptible students will be excluded from college based on public health officials' determination that the college is a primary site for disease exposure, transmission and spread into the community. Students excluded from college for this reason will not be able to return to school until:

1. The danger of the outbreak has passed as determined by public health officials
2. The student becomes ill with the disease and completely recovers, or
3. The student is immunized.

For example, for measles, the complete incubation period is 18 days from the onset of symptoms for the last case in the community. Outbreaks like measles may last for several months.

According to Connecticut General Statutes Sections 19a7f and 10-204a, no student may be admitted to school without proof of immunization or a statement of exemption. Students seeking an exemption on the basis that a given immunization is medically contraindicated should attach a statement to the form signed by their physician stating that in the physician's opinion, such immunization is medically contraindicated and why it is contraindicated (ex. hypersensitivity to a vaccine component, demonstrated reaction to vaccine etc.) In addition, the students should complete the following statement and return it to the Registrar's Office.

OPTION 3: MEDICAL EXEMPTION

I am submitting the enclosed documentation from a physician that immunization is medically contraindicated. Therefore, I am exempt from receiving the required immunization as specified by the physician, and shall be permitted to attend college except in the case of a vaccine-preventable disease outbreak in the school.

Student Name	MI	Last Name	
Student Signature			Date

OPTION 4: RELIGIOUS EXEMPTION

I hereby assert that immunizations would be contrary to my religious beliefs. Therefore, I am exempt from receiving the required immunization under Section 10-201a of the Connecticut General Statutes and shall be permitted to attend college except in the case of a vaccine-preventable disease outbreak in the school.

Student Name	MI	Last Name	
Student Signature			Date