



Asnuntuck Community College
170 Elm Street
Enfield, CT 06082
Phone: 860.253.3000
Fax: 860.253.3014

STATE IMMUNIZATION POLICY

Student ID# _____

Students must comply and return this completed document to the Admissions Office PRIOR to registration.

If you were born after December 31, 1956, Connecticut State Law requires that all full-time (degree seeking and non-degree/non-matriculating) and part-time matriculating students enrolled in postsecondary schools be adequately protected against measles, mumps and rubella.

In addition, beginning on August 1, 2010, all degree-seeking students, born after December 31, 1979, must provide proof of immunization against varicella (chicken pox). Students must have two (2) doses of each vaccine administered at least one (1) month apart to insure adequate immunization.

If you are not exempt, please complete one of the options below and attach the necessary documentation.

Student's Name: _____ DOB: __/__/__

Address: _____

Street Town State ZIP

OPTION 1: RECORD OF IMMUNIZATION			OPTION 2: LAB EVIDENCE OF IMMUNITY OR CONFIRMED CASE OF DISEASE		
This section must be completed by either a physician or someone operating under the direction of a physician (ex. School nurse, physician's assistant, or nurse practitioner).			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	Dose 1	Dose 2	Test Date	Test Result	Date of Disease
Measles	mo./day/yr. _/_/___	mo./day/yr. _/_/___	mo./day/yr. _/_/___		mo./day/yr. _/_/___
Mumps	mo./day/yr. _/_/___	mo./day/yr. _/_/___	mo./day/yr. _/_/___		mo./day/yr. _/_/___
Rubella	mo./day/yr. _/_/___	mo./day/yr. _/_/___	mo./day/yr. _/_/___		mo./day/yr. _/_/___
OR					
MMR	mo./day/yr. _/_/___	mo./day/yr. _/_/___	mo./day/yr. _/_/___		
AND					
Varicella <i>(Born after 12/31/1979)</i>	mo./day/yr. _/_/___	mo./day/yr. _/_/___	mo./day/yr. _/_/___		mo./day/yr. _/_/___

OPTION 1 & 2: Physician must complete this part.
I hereby certify that this student has received the immunization(s) or has laboratory evidence of immunity as indicated.

X _____
 Signature of physician or authorized person Date MD's Stamp or DEA #

OPTION 3 & 4: Medical or religious exemptions are on back page

IMMUNIZATION WAIVERS

OPTION 3: MEDICAL EXEMPTION

Students with medical 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 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 State statutes, (Connecticut General Statutes Sections 19a-7f 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 to this form a statement signed by their physician, stating that in the physician's opinion, such immunization is contraindicated and why it is contraindicated (ex. hypersensitivity to a vaccine component, demonstrated reaction to vaccine, etc.)

In addition, the student should complete the following statement and return it to the Admissions Office.

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 _____ Signature _____ Date _____

OPTION 4: RELIGIOUS EXEMPTION

Students with 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 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 State statutes, (Connecticut General Statutes Sections 19a-7f 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 immunizations would be contrary to their religious beliefs should complete the following statement and return it to the Admissions Office.

I hereby assert that immunizations would be contrary to my religious beliefs. Therefore, I am exempt from receiving the required immunization under Section 10-204a 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 _____ Signature _____ Date _____