



STATE IMMUNIZATION POLICY

BANNER STUDENT ID#: _____
If unknown, leave blank

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 full-time and matriculating students, except those born in the continental United States prior to January 1, 1980, 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.

Name of Student _____ SS# _____ - _____ - _____ Date of Birth ____/____/____

Address _____
 Street City/Town State Zip Code

OPTION 1: RECORD OF IMMUNIZATION 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).			OPTION 2: 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	1 st Dose	2 nd Dose	Date of Test	Result of Test	Date of Disease
Measles	mo/day/yr __/ /__	mo/day/yr __/ /__	mo/day/yr __/ /__		
Mumps	mo/day/yr __/ /__	mo/day/yr __/ /__	mo/day/yr __/ /__		
Rubella	mo/day/yr __/ /__	mo/day/yr __/ /__	mo/day/yr __/ /__		

OR

MMR	mo/day/yr __/ /__	mo/day/yr __/ /__	mo/day/yr __/ /__
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AND

Varicella (Born after 1/1/1980)	mo/day/yr __/ /__	mo/day/yr __/ /__	mo/day/yr __/ /__		
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OPTION 1 & 2: This must be completed by your physician. I hereby certify that this student has received the immunization(s) or has laboratory evidence of immunity as indicated.

 Signature of physician or authorized person

 Date



Physician's stamp or
 DEA number

OPTION 3: Medical exemption on the reverse side

IMMUNIZATION WAIVERS

OPTION 3: MEDICAL EXEMPTION

Students with medical exemptions shall be permitted to attend college except when, in accordance with Connecticut General Statute section 10a-155a, a public health official has reason to believe that the presence of the non-immunized person presents a clear danger to others. Students excluded from college for this reason will not be able to return to school until the student presents to college a certificate from a physician, physician assistant or advanced practice registered nurse that the student's presence does not present a clear danger to the health of others.

According to State statutes, (Connecticut General Statutes Section 10a-155) no student may enroll in an institution of higher education without proof of immunization or a statement of exemption. Students seeking an exemption on the basis that a given immunization is medically contraindicated must 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. In addition, the student should complete the following statement and return it to the Asnuntuck Community College 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

Student Signature

NOTE:

Pursuant to Connecticut General Statute 10a-155, religious exemptions will be granted only to those students who provided statements requesting the exemption prior to April 28, 2021. No religious exemptions will be granted after April 28, 2021.