



UNIVERSITY HEALTH SERVICE
(860) 832-1925

REQUEST FOR EXEMPTION from MEASLES, RUBELLA OR MENACTRA, HEPATITIS B** VACCINATION REQUIREMENT

Student Name: _____
(please print clearly)

Student ID : _____
Last 4 of Soc.: _____

Risks of Non-Immunization:

Immunization is a safe and effective way to protect you against vaccine-preventable diseases that can hurt, cripple and even kill. The following three contagious diseases can spread among non-immunized individuals in a group situation, such as a university campus.

- 1. Measles is a serious disease characterized by rash and moderate to high fever. It can lead to pneumonia, serious ear infections, deafness, convulsions, inflammation of the brain and even death. The severe complications develop in one out of every 1,000 cases; one in ten of such complicated cases will result in death.
2. Rubella or German Measles is an infectious viral disease characterized by mild fever and rash. The major risk is to non-immune women who catch the disease early in pregnancy. Such women are likely to have a baby with serious birth defects.
3. Meningococcal Disease is a rare but potentially life threatening bacterial infection that requires immediate treatment. The bacterium, Neisseria meningitidis, is the responsible germ which can manifest in one's body as meningitis (an inflammation of the thin lining of the brain and spinal cord), septicemia (blood poisoning) as well as arthritis and pneumonia.
4. ** Hepatitis B- vaccine series required for Counseling and Family Therapy majors only - is an infection of the liver caused by the Hepatitis B virus. Generally, the highest risk of Hepatitis B infection is associated with occupations, lifestyles, or environments in which there is frequent contact with blood products from infected person. Hepatitis B often is spread by contaminated needles and sexual contact. Some persons who are infected with Hepatitis B become chronic carriers, which means that the Hepatitis B virus is in their blood for more than 6 months and they may spread the infection to others for a long period of time.

I have read and understand the above risks of non-immunization and have had the opportunity to discuss this with a medical provider. I request exemption from the Measles/Rubella and/or Menactra(meningococcal diseases) or Hepatitis B** immunization requirements for the following reason(s)

- ___ pregnancy / ___ due date
___ medical contraindication
___ religious reason

If I claim exemption for medical/pregnancy reasons, a physician letter documenting the reason for exemption is required. If I claim exemption for religious reasons, I will submit a statement that claims that a vaccination is contrary to my religious beliefs (address listed below).

In consideration for that exemption, I hereby waive any and all claims against Central Connecticut State University (CCSU) and its faculty, staff, employees and/or agents which may arise as the result of my failure to be immunized, and agree to indemnify and hold harmless CCSU from any claims or causes of action brought against it or its faculty, staff, employees or agents as a result of my failure to be immunized. I further understand that in the event that a case or cases of measles and/or rubella is/are discovered on campus, I may be temporarily excluded from classes, residence halls or the CCSU campus at the discretion of the University.

Signature

Date