

REQUIRED PART TIME IMMUNIZATION CERTIFICATION INSTRUCTION

If you are submitting copies of your immunization records or any evidence of blood tests as proof of immunity, please fill out the top of the form and staple the copies of your immunizations or your blood test results to the form.

1. **FOR MUMPS RECOMMENDATION:** The CDC now recommends that the most effective strategy from contracting Mumps is to have all students receive two doses of measles-mumps-rubella vaccine or have a other evidence of immunity (i.e. laboratory evidence, born before 1957)
2. **FOR THE MEASLES REQUIREMENT:** The dates for two vaccinations must be entered.
 - A. TWO DOSES WITHIN THE GUIDELINES LISTED MUST BE SUBMITTED.
 - a. The first vaccination must have been given to you after January 1, 1969 and after the first birthday;
 - b. The second shot must have been administered after January 1, 1980.
 - B. If you have had the disease, listing the information is not sufficient proof of immunity. A blood test is required to verify immunity. Please consult you physician if you need to order a blood test. A copy of the blood test laboratory results must be attached to this form.
3. **FOR THE RUBELLA REQUIREMENT:**
 - A. One dose administered after your first birthday which must have occurred after January 1969. This will be sufficient to be submitted as proof of immunity.
 - B. If you have had the disease, listing the information is not sufficient proof of immunity. A blood test is required to verify immunity. Please consult you physician if you need to order a blood test. A copy of the blood test laboratory results must be attached to this form.
4. **EXEMPTIONS:**
 - A. AGE: If you were born before 1957, you are exempt from this immunization requirement. We ask that you please submit the top portion of the form which includes your birth date and Social Security number and return the form to the address listed below.
 - B. MEDICAL - Written documentation from licensed physician must be attached to this form to be exempt from the required vaccinations for medical reasons.
 - C. RELIGIOUS – please submit a letter concerning your religious exemption.

QUESTIONS MOST FREQUENTLY ASKED ABOUT THE VACCINATION FORM

What is an MMR?

A combination of three vaccines in one for measles, mumps and rubella

What is Rubella?

It is a disease which is also known as "German Measles"

What is Rubeola?

Another name for Measles ... and a different disease from German Measles.

Where can you get your medical records?

- Your pediatrician or present physician
- High school if graduated within the last eight (interval vary with each state) years.
- Other colleges attended
- Parent records
- Military records
- For women only: if you have been pregnant, your gynecologist will have your rubella vaccination history.

What if you cannot find your vaccination records?

- Option: have your personal physician order blood tests to determine your level of immunity to the diseases. The blood tests are called 'titers'.
- Option: receive the missing vaccinations

If you are in the military, have you received these immunizations?

Many vaccinations are given during your military service. However, these required vaccinations may not have been given during the updates of the medical military visits.

What do you do once you have had a titer (the lab test)?

The lab results are to be attached to this yellow form and returned to the address noted at the bottom of the form.

How long does it take to receive the lab results from the blood tests?

Approximately one week.

How much does a lab test cost for a titer?

It varies from laboratory to laboratory.

Does health insurance cover the blood tests or vaccinations?

You need to check with the details of your insurance policy.



PART TIME IMMUNIZATION VERIFICATION CERTIFICATE

Central Connecticut State University

UNDER CONNECTICUT LAW, ALL MATRICULATED STUDENTS enrolled in post-secondary schools and born after Dec. 31,1956, MUST PROVIDE EVIDENCE OF PROTECTION AGAINST MEASLES AND RUBELLA. COMPLIANCE WITH THE IMMUNIZATION REQUIREMENTS IS NECESSARY PRIOR TO REGISTRATION. YOU WILL NOT BE PERMITTED TO REGISTER FOR COURSES IF YOU HAVE NOT DOCUMENTED YOUR COMPLIANCE AND SUBMITTED THE INFORMATION ON THIS FORM TO THE ADDRESS BELOW.

USE THIS FORM ONLY. Do not submit other pages of information without this form.

Please read the guidelines printed on the back of this form carefully.

- ***Two Measles doses must be recorded and one Rubella vaccine.***
- ***If you were born prior to 1957, you are exempt from the immunization requirements but we request that you please fill out student information section and submit to University Health Service.***
- ***Please note: In light of a large mumps outbreak in Iowa, there are new recommendations for Mumps and are noted in the guidelines.***

This section may be completed by the student. Please print clearly or type.

LAST NAME (PLEASE PRINT CLEARLY)	FIRST NAME	
PERMANENT HOME ADDRESS STREET	APT:	PHYSICIAN NAME: (PLEASE PRINT CLEARLY)
CITY	STATE	ZIP
HOME PHONE OR CELL PHONE	STUDENT ID NUMBER:	CITY STATE ZIP
BIRTH DATE	SOCIAL SECURITY #	PHYSICIAN PHONE NUMBER:

This section must be completed by either a physician or someone operating under the direction of a physician, i.e. school nurse, physician's assistant, nurse practitioner. Two MMR's or evidence submitted of lab immunity to mumps is now highly recommended.

RECORD OF IMMUNIZATION

1st Dose After 1/1/69 and after your 1 st birthday	2nd Dose After 1/1/80	Lab Evidence of Immunity Lab results must be attached to form	
Month/Day/Year	Month/Day/Year	Date of Test	Result of Test
Measles			
Rubella			
MMR			
Mumps			

I hereby certify that this student has received the immunization(s) or has laboratory evidence of immunity as indicated.
(MD stamp or DEA no. in space below)

Signature of Physician

Date

Person Authorized by a Physician to Sign

Date

(Please stamp with your Medicaid or similar name/address stamp and sign.)

In lieu of the signature of the physician or designee on this form, you may present a duly completed and appropriately signed immunization certificate, to be attached to this form, to:

University Health Service
Central Connecticut State University
1615 Stanley Street
New Britain, CT 06050

To FAX: 860-832-2579