Immunization is a safe and effective way to protect you against vaccine-preventable diseases that can hurt, cripple and even kill. State law requires that all matriculated college and university students show proof of adequate immunity to measles, mumps, rubella, and varicella. All students who live in residence halls need to show proof of adequate vaccination against bacterial meningitis. A medical exemption from receiving the vaccination requirement does not exempt a person from providing applicable blood titer results and/or showing proof of immunity.

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. **Mumps** is a contagious viral illness best known for the swelling of the cheeks and jaw that it causes. It can occasionally cause serious complications such as inflammation of the testicles (orchitis) which can lead to fertility problems. Other rare complications include: encephalitis/meningitis; inflammation of the ovaries (oophoritis) and/or breasts (mastitis); and deafness.

3. **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.

4. **Varicella** (chicken pox) is a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults. It can lead to severe skin infection, scars, pneumonia, brain damage, or death. The chickenpox virus is spread through the air, or by contact with fluid from chickenpox blisters. Before the vaccine, about 11,000 people were hospitalized for chickenpox each year in the United States and about 100 people died each year as a result of chickenpox in the United States.

5. **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.

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**Please check all immunizations you are requesting exemption from:**

- ☐ Measles  ☐ Rubella  ☐ Mumps  ☐ Varicella  ☐ Meningitis A,C,Y&W-135
- ☐ Meningitis B  ☐ Other __________________________  ☐ Other __________________________

(Please complete page 2 of form)
Religious Statement of Exemption to Connecticut Immunization Law

The religious exemption is intended for people who hold a sincere religious belief opposing vaccination to the extent that if the state forced vaccination, it would be an infringement on their constitutional right to exercise their religious beliefs. In the space provided below, please provide a statement detailing your religious beliefs that prevent you from receiving the required vaccinations for attending Central Connecticut State University in order to receive a religious exemption.

Student Signature: ___________________________ Date: ___________

Medical Statement of Exemption to Connecticut Immunization Law

The physical condition of the above named individual is such that immunization would endanger life or health.

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

Student’s Healthcare Provider: ___________________________ Date: ___________

The required Connecticut State University Health Services Form is required by all matriculated students. This request for exemption form is not a replacement for this requirement. This form may be used as a supplement when applicable.

Mandatory Statement of Waiver/Exclusion from all CCSU Activities

In consideration for that exemption, I hereby waive any and all claims against Central Connecticut State University (CCSU) and its faculty, staff, employees, students and/or agents which may arise as a result of my failure to be immunized. I also agree to indemnify and hold harmless CCSU from any claims or causes of action brought against its faculty, staff, employees, students and/or agents. I further understand that in an event that in a case of disease, I will be excluded from campus at the discretion of the university.

Student Signature: ___________________________ Date: ___________

Signature: ___________________________ Date: ___________

(Parent or guardian if student is under 18 years of age)

This form will be considered void if all applicable information and signatures have not been included. Thank you.