



STATE IMMUNIZATION POLICY

BANNER ID# _____
If unknown, leave blank

271 Scott Swamp Road • Farmington, CT 06032 • 860.255.3555 (Admissions Office)

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, rubella, and 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			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	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 & 4: Medical or Religious exemptions on the reverse side

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 public health officials' determination that the college is a primary site for disease exposure, transmission and 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.

According to State statutes, (Connecticut General Statutes Sections 19a-7f and 10-204a) no student may register for classes 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 Tunxis 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

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 public health officials' determination that the college is a primary site for disease exposure, transmission and 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.

According to State statutes, (Connecticut General Statutes Sections 19a-7f and 10-204a) no student may register for classes 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 Tunxis 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 10-201a 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

Student Signature