

900 Lafayette Blvd. Bridgeport, CT 06604

Students must return this completed document to the Admissions Office or the Health Records 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 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.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

New \_\_\_\_\_ Continuing \_\_\_\_\_ Transfer \_\_\_\_\_ Readmit \_\_\_\_\_

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 <b>must be attached</b> 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 <sup>st</sup> Dose	2 <sup>nd</sup> 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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Enter on Banner \_\_\_\_\_ Hold Removed \_\_\_\_\_ Reviewed \_\_\_\_\_ Letter Sent \_\_\_\_\_ Letter Sent On \_\_\_\_\_

# Immunization waivers

**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

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.

For example, for measles, the complete incubation period is 18 days from the onset of symptoms for the last case in the community. Outbreaks like measles may last for several months.

According to State statutes, (Connecticut General Statutes Sections 19a-7f and 10-204a) no student may be admitted to school without proof of immunization or a statement of exemption. Students seeking an exemption on the basis that a given immunization is medically contraindicated should 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 (ex. hypersensitivity to a vaccine component, demonstrated reaction to vaccine etc.) In addition, the student should complete the following statement and return it to the HCC Admissions Office (L111).

\_\_\_\_\_  
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.

For example, for measles, the complete incubation period is 18 days from the onset of symptoms for the last case in the community. Outbreaks like measles may last for several months.

According to State statutes, (Connecticut General Statutes Sections 19a-7f and 10-204a) no student may be admitted to school 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 HCC Admissions Office (LH-A106).

*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