## STATE IMMUNIZATION POLICY

u were bom after Decem part-time matriculating s ning on August 1, 2010 provide proof of immun nonth apart to insure adec	ber 31, 1956, Connect tudents enrolled in po- all full-time and matri ization against varicel quate immunization	icut State Law require stsecondary schools b culating students, exe la (chicken pox). Stu	es that all full-time (degree se e adequately protected against cept those born in the continen idents must have two (2) doses	eeking and non-degree measles, mumps and tal United States pric of each vaccine adm	/non-matriculat rubella. In ado or to January 1, inistered at leas
if you are no	ot exempt, please co	mplete one of the op	tions below and attach the n	necessary document	ation.
me of Student			SS#	Date of Birth	n//
ess					
dress Street			City/Town	State	Zip Code
This section must be co operating under the di	CCORD OF IMMUN mpleted by either a phys rection of a physician (e assistant, or nurse practiti	ician or someone x. School nurse,	OR CONFIRM Test results (liter) for lab or document that you have a document a confirmed case	already had the disease(s	EASE ed to this form e). If you cannot you must submit
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 / /		
		O	R		
MMR	mo/day/yr / /	mo/day/yr / /	mo/day/yr / /		
		Al	ND		
Varicella (Born after 1/1/1980)	mo/day/yr / /	mo/day/yr / /	mo/day/yr / /		
OPTION 1 & 2: This neceived the immunization			reby certify that this student h as indicated.	as	
	41		Date		

hysician's stamp or DEA number

## IMMUNIZATION WAIVERS

## **OPTION 3: MEDICAL EXEMPTION**

Students with medical exemptions shall be permitted to attend college except when, in accordance with Connecticut General Statute section 10a-155a, a public health official has reason to believe that the presence of the non-immunized person presents a clear danger to others. Students excluded from college for this reason will not be able to return to school until the student presents to college a certificate from a physician, physician assistant or advanced practice registered nurse that the student's presence does not present a clear danger to the health of others.

According to State statutes, (Connecticut General Statutes Section 10a-155) no student may enroll in an institution of higher education 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 CCC 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

## NOTE:

Pursuant to Connecticut General Statute 10a-155, religious exemptions will be granted only to those students who provided statements requesting the exemption prior to April 28, 2021. No religious exemptions will be granted after April 28, 2021.