



Rensselaer

275 Windsor Street, Hartford, CT 06120
Office of Enrollment Management Fax: (860) 548-7917

Immunization Verification Certificate

Connecticut State Law requires that all students born after December 31, 1956 and enrolled in postsecondary schools be protected against measles, mumps, and rubella. In addition, beginning August 1, 2010, students born on or after January 1, 1980 must also provide proof of immunization against varicella (chicken pox).

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

Name _____ SS# _____ - _____ - _____ Date of Birth ____/____/____

Address _____
Street City State Zip

OPTION 1: RECORD OF IMMUNIZATION 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).			OPTION 2: LAB EVIDENCE OF IMMUNITY OR CONFIRMED CASE OF DISEASE Test results (Titer) for lab evidence must be attached to this form or you must 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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OPTIONS 1 OR 2 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

(In lieu of signature of physician/designee on this form, the student may present a completed and appropriately signed immunization certificate to the Office of Enrollment Management.)

It is mandatory that this certificate be submitted prior to the first day of classes.

If it is not submitted by that time, you will not be allowed to attend classes.

Exemptions to this policy must be submitted in writing to the Office of Enrollment Management. They are:

1. certification by a physician that immunization is medically inadvisable, or
2. certification of a confirmed case of such disease by a physician or town director of health, or
3. a signed statement that immunization is contrary to your religious beliefs.

Should you have any questions, please call the Office of Enrollment Management at (860) 548-2420.