

## STATE IMMUNIZATION POLICY

Students 1	1 7	1	o the Admissions Office PRIOR to re		
If you were born after Decer and part-time matriculating so beginning on August 1, 2010 1980, must provide proof of least one (1) month apart to	mber 31, 1956, Connestudents enrolled in po 3, all full-time and ma immunization against insure adequate immu	cticut State Law requestsecondary schools triculating students, e varicella (chicken ponization	ires that all full-time (degree se be adequately protected against xcept those born in the contine x). Students must have two (2	teking and non-degre t measles, mumps and ntal United States pri ) doses of each vacci	e/non-matriculating d rubella. In addition or to January 1, ne administered at
if you are n	ot exempt, please co	mplete one of the op	tions below and attach the n	ecessary document	ation.
Name of Student			SS#	Date of Birth	n//
Address			City/Town		
	Street			State	Zip Code
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 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 / /		
		(	)R		
MMR	mo/day/yr / /	mo/day/yr / /	mo/day/yr / /		
		A	ND		
Varicella (Born after 1/1/1980)	mo/day/yr / /	mo/day/yr / /	mo/day/yr / /		
OPTION 1 & 2: This received the immunization			ereby certify that this student h ty as indicated.	as	
Signature of physician or a	authorized person		Date		rsician's stamp or

**OPTION 3:** Medical exemption on the reverse side

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 Three Rivers Community College Admissions Office.

I am submitting the enclosed documentation from a physician that immunizati	ion 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.