

100 Training Hill Rd.
 Middletown, CT 06457
 Admissions: (860) 343-5719
 Fax: 860-344-3055
 www.mxcc.commnet.edu
 Apply online at
 http://my.commnet.edu



State Immunization Policy

BANNER ID# _____
 If unknown, leave blank

Students must comply and return this completed document to the Enrollment Services Office PRIOR to registration.

If you were born after December 31, 1956, Connecticut State Law requires that all full-time (degree seeking and nondegree/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 students born in the continental United States on or after January 1, 1980 must be protected 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.

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

Address _____ Street _____ Town _____ 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 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 _/_/_	
-----	--------------------	--------------------	--------------------	--

AND

Varicella (Born after 1/1/1980)	mo/day/yr _/_/_	mo/day/yr _/_/_	mo/day/yr _/_/_	
------------------------------------	--------------------	--------------------	--------------------	--

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 on the reverse side

Immunization Waiver

OPTION 2: 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 MxCC Enrollment Services 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