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BANNER ID# _____

If unknown, leave blank

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

Connecticut State Law requires that all full-time (degree seeking and non-degree/non-matriculating) and part-time matriculating students enrolled in postsecondary schools and **born after December 31, 1956** be adequately protected against measles, mumps and rubella. In addition, students **born after December 31, 1979** must provide proof of immunization against varicella (chicken pox). All students born outside the United States must provide proof of immunization against measles, mumps, rubella and varicella. Students must have two (2) doses of each vaccine administered at least one (1) month apart to insure adequate immunization.

Unless you are exempt, please complete one of the options below and attach the necessary documentation.

Name of Student _____ Date of Birth ____/____/____

Address _____
 Street Town State Zip

This section must be completed by a physician or someone operating under the direction of a physician (e.g. physician's assistant, nurse practitioner).

OPTION 1: RECORD OF IMMUNIZATION			OPTION 2: LAB EVIDENCE OF IMMUNITY or CONFIRMED CASE OF DISEASE		
			In place of vaccinations, students may present serologic (Titer test) evidence to verify immunity (Please attach test/lab results to this form) or a physician's or municipal health director's certification of the date that the student was diagnosed with the disease.		
Vaccination Type	1st Dose	2nd Dose	Date of Test	Result of Test	Date of Disease
Measles	mo/day/yr ____/____/____	mo/day/yr ____/____/____	mo/day/yr ____/____/____		mo/day/yr ____/____/____
Mumps	mo/day/yr ____/____/____	mo/day/yr ____/____/____	mo/day/yr ____/____/____		mo/day/yr ____/____/____
Rubella	mo/day/yr ____/____/____	mo/day/yr ____/____/____	mo/day/yr ____/____/____		mo/day/yr ____/____/____

OR

MMR	mo/day/yr ____/____/____	mo/day/yr ____/____/____	mo/day/yr ____/____/____		mo/day/yr ____/____/____
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AND

Varicella Born after 12/31/1979	mo/day/yr ____/____/____	mo/day/yr ____/____/____	mo/day/yr ____/____/____		mo/day/yr ____/____/____
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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 & 4: Medical or Religious exemptions on the reverse side

Immunization waivers

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 QVCC 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 (please print)

Student Signature