



University of Connecticut School of Law
Office of the Registrar
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Health Information/Immunization

C.G.S.A. Sec. 10a-155 requires that all matriculating students at post-secondary schools in the state provide proof that he/she meets the criteria of adequate immunization. This form is required of all students prior to starting coursework at the University of Connecticut School of Law. The information gathered is used for statistical purposes. Personally identifiable information will be kept confidential unless in cases of serious health emergency or outbreak

Compliance with this statute is satisfied by one of the following:

- A certificate signed by a physician/nurse practitioner that indicates that a blood test shows measles and rubella immunity.
- Verifiable proof that a student has had two doses of measles vaccine at least one month apart (the first dose must have been received after 1968, the second dose must have been received on/after January 1, 1980), and one dose of rubella vaccine.
- Graduation from a public or non-public high school in the state of Connecticut in 1999 or later.
- An affidavit signed by the student that indicates that he/she will not receive vaccines on religious grounds.
- A certificate signed by a physician/nurse practitioner that indicates that vaccination is medically inadvisable and the reasons for the same.
- A statement indicating date of birth prior to January 1, 1957. Persons are exempt from this requirement as they are presumed to be naturally immune.

THIS SECTION IS TO BE COMPLETED BY THE STUDENT:

NAME:	Last	First	Middle
SOCIAL SECURITY NUMBER: Last 4 digits requested, not required		DATE OF BIRTH:	

I attest that prior to my enrollment at the University of Connecticut School of Law, I have graduated from a public or non-public high school in the State of Connecticut in 1999 or later

Yes (form is complete)
 No (please complete next section)

Student Signature - **REQUIRED**

THIS SECTION IS TO BE COMPLETED BY A PHYSICIAN or MEDICAL PROFESSIONAL: Please complete either chart.

IMMUNIZATION RECORD			
Immunization	Date of First Dose	Date of Second Dose	Physician's Signature AND Stamp
MMR			
Measles			
Rubella			

LAB EVIDENCE OF IMMUNITY – LAB REPORT MUST ACCOMPANY FORM			
	Test Date	Result	Physician's Signature AND Stamp
Measles			
Rubella			

For Office Use Only:

Processor's Initials _____ Date Received _____ Date Processed _____