Before permission to enroll can be granted, state of Connecticut General Statutes (C.G.S.A. Sec. 10a-155) require each full-time or matriculating student born after December 31, 1956, to provide proof of adequate immunization against Measles, Mumps, and Rubella. Those students who were born after January 1, 1980 are also required to provide proof of immunization against Varicella (Chickenpox).

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN:</td>
<td>Last 4 digits requested/not required</td>
<td>DATE OF BIRTH:</td>
<td></td>
</tr>
</tbody>
</table>

Student Signature – REQUIRED
I attest that the information contained herein is accurate.

**THIS SECTION MAY BE COMPLETED BY YOUR HEALTHCARE PROVIDER TO INDICATE DATE OF IMMUNIZATION**

<table>
<thead>
<tr>
<th>IMMUNIZATION RECORD</th>
<th>Date of First Dose</th>
<th>Date of Second Dose</th>
<th>Date of Disease</th>
<th>REQUIRED Physician’s Signature AND Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
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</tr>
<tr>
<td>Measles</td>
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<td></td>
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</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Chickenpox)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>