

GOODWIN COLLEGE

Proof of Measles/Mumps/Rubella/Varicella Immunity

(New CT Requirement – Mumps/Varicella Immunity effective August 1, 2010)

Start Date: _____

Connecticut laws require that all full-time & matriculated students attending Connecticut colleges and born after **December 31, 1956** provide proof of immunization against measles, mumps, rubella and varicella.

You will not be allowed to attend classes unless this proof is provided.

Name of Student _____
(Please print) Last First Middle Birth Date

Address/Street _____
Town State Zip Home Phone # Work Phone #

Inoculation Series

MMR - 1 st dose _____	MMR - 2 nd dose _____
Date _____	Date _____
Varicella – 1 st dose _____	Varicella – 2 nd dose _____
Date _____	Date _____

-or-

Laboratory Verification of Immunity

(required for anyone not providing proof of inoculation series)

Measles _____	(titer date)	(results)
Rubella _____	(titer date)	(results)
Mumps _____	(titer date)	(results)
Varicella _____	(titer date)	(results)

-or-

Written Verification of Disease History from a Physician

Measles _____	Rubella _____	Mumps _____	Varicella _____
Date of occurrence _____	Date of occurrence _____	Date of occurrence _____	Date of occurrence _____

Physician's name (please print or type) _____

Physician's Signature _____ Date _____

