



EXPLANATION AND INSTRUCTIONS

Connecticut State Law requires that all full-time or matriculated¹ students (enrolled in a degree or certificate program) in institutions of higher education provide adequate proof of immunization against Measles, Mumps, Rubella (MMR) and Varicella (chicken pox). Students residing on-campus must be vaccinated against meningitis.

Measles, Mumps and Rubella (MMR)

The law requires that if you were born after December 31, 1956 you must present certification of MMR immunization **prior to registering for classes** unless one or more exemptions apply (see Holy Apostles' Immunization Form, page 1, for a complete list of applicable exemptions). If you claim certain exemptions, the form entitled "Exemption to Immunization Requirements" must also be completed and submitted. If none of the exemptions apply to you, certification of compliancy with immunization requirements must be provided using pages 2 and 3 of the Holy Apostles' Immunization Form (see attached).

Varicella

The law further requires that, if you were born in the United States on or after January 1, 1980, you must present certification of Varicella (chicken pox) immunization **prior to registering for classes** unless one or more exemptions apply (see Holy Apostles' Immunization Form, page 1, for a complete list of applicable exemptions). If you claim certain exemptions, the form entitled "Exemption to Immunization Requirements" must also be completed and submitted. If none of the exemptions apply to you, certification of compliancy with immunization requirements must be provided using pages 2 and 3 of the Holy Apostles' Immunization Form (see attached).

Meningitis

In addition to the above, any college or university student under 29 years of age residing in on-campus housing must be vaccinated against meningitis. Thus, seminarians at Holy Apostles who have not completed and submitted an exemption form (Holy Apostles' Immunization Form, p. 1 and Exemption to Immunization Requirements Form, p.2) or a certification form (Holy Apostles' Immunization Form, p.3) will not be permitted to check into on-campus housing.

PLEASE NOTE:

Non-Seminarian Students:

COMPLETED FORMS MUST BE RETURNED TO THE OFFICE OF THE REGISTRAR *PRIOR TO REGISTRATION*

Seminarian Students:

COMPLETED FORMS MUST BE RETURNED TO THE RECTOR'S OFFICE *PRIOR TO REGISTRATION*

¹ Matriculated students are defined as those enrolled in a degree-seeking (or certificate-seeking) program. (State of Connecticut, Department of Public Health, Memo dated April 26, 2010 entitled: New College Immunization Requirements—Clarification Update). Part-time non-matriculated students are not required to have MMR and varicella immunizations although they are recommended to have those vaccines by the Advisory Committee for Immunization Practices (Ibid.)

Holy Apostles' Immunization Form (page 1 of 3)

(Please print neatly or type)

Name of Student: _____
(last, first, middle)

Student's Address: _____
(street, city/town, zip code)

Phone #: (____) _____

Student ID # or Social Security#: _____ Student's Date of Birth: _____

Choose an appropriate option for each of the 5 diseases (Measles, Mumps, Rubella, Varicella, Meningitis).

EXEMPTIONS (completed by student)

STUDENTS CLAIMING ANY EXEMPTION BELOW THAT IS MARKED WITH AN ASTERISK ("*") MUST ALSO COMPLETE AND SUBMIT THE ATTACHED "EXEMPTION TO IMMUNIZATION REQUIREMENTS" FORM

STUDENTS CLAIMING ANY EXEMPTION BELOW THAT IS MARKED WITH A DOUBLE ASTERISK ("") MUST ALSO COMPLETE AND SUBMIT THE ATTACHED "EXEMPTION TO IMMUNIZATION REQUIREMENTS" FORM**

I am exempt from the Measles, Mumps and Rubella (MMR) immunization requirements for the following reason(s):

- _____ I was born on or before December 31, 1956
- _____ Laboratory confirmation of immunity to such diseases** (Holy Apostles' Immunization Form, p. 2, Option 2).
- _____ Documentation from a physician stating that the student is medically contraindicated from receiving such vaccine*
- _____ Documentation from the student that such an immunization is contrary to his/her religious beliefs*
- _____ Documentation from a physician or director of health that the student has had a confirmed case of the disease** (Holy Apostles' Immunization Form, p. 2, Option 3)

I am exempt from the varicella immunization requirements immunization requirement for the following reason(s):

- _____ I was born in the United States before January 1, 1980
- _____ Laboratory confirmation of immunity to such diseases ** (Holy Apostles' Immunization Form, p. 2, Option 2).
- _____ Documentation from a physician stating that the student is medically contraindicated from receiving such vaccine*
- _____ Documentation from the student that such an immunization is contrary to his/her religious beliefs*
- _____ Documentation from a physician or director of health that the student has had a confirmed case of the disease** (Holy Apostles' Immunization Form, p. 2, Option 3)

FOR STUDENTS RESIDING ON CAMPUS:

- _____ I am over the age of 29 years and claim exemption from the meningitis vaccination requirement*

Student's Signature _____

Date _____

3/15/2011

Holy Apostles' Immunization Form (page 2 of 3)

Name of Student _____

Social Security # or Student ID # _____

COMPLIANCY REQUIREMENTS TO BE COMPLETED BY PHYSICIAN ONLY

OPTION 1

MMR 1st dose ____/____/____ 2nd dose ____/____/____

OR

Measles 1st dose ____/____/____ 2nd dose ____/____/____

AND

Rubella 1st dose ____/____/____ 2nd dose ____/____/____

AND

Mumps 1st dose ____/____/____ 2nd dose ____/____/____

AND

Varicella (Chicken Pox) 1st dose ____/____/____ 2nd dose ____/____/____

OPTION 2

Laboratory titers (blood test) with attached copies of the lab reports dated _____ showing positive immunity results for:

Measles results _____, Mumps results _____, Rubella results _____, and Varicella results _____.

OPTION 3

Confirmation of disease (date) _____
Measles Mumps Rubella Varicella

Physician's Name and Stamp (please type or print) _____ Date _____

Physician's Address _____

Physician's Signature _____ Telephone _____

3/15/2011

Holy Apostles' Immunization Form (page 3 of 3)

Name of Student _____

Social Security # or Student ID # _____

ALL INCOMING SEMINARIANS MUST COMPLETE AND RETURN THIS FORM TO THE RECTOR'S OFFICE

STUDENTS CLAIMING AN EXEMPTION MUST ALSO COMPLETE AND SUBMIT THE ATTACHED "EXEMPTION TO IMMUNIZATION REQUIREMENTS" FORM

Meningitis vaccination is required by law only if living on the Holy Apostles' campus and you are less than 29 years of age.

I will not be living in housing owned by Holy Apostles. I do not require this vaccine.

I will be over the age of 29 years at the time entering Holy Apostles. I do not require this vaccine.

COMPLETE THE FOLLOWING ONLY IF NOT CLAIMING ONE OF THE ABOVE EXEMPTIONS

COMPLIANCY REQUIREMENTS BELOW TO BE COMPLETED *BY PHYSICIAN ONLY*

Date of Vaccination:

Physician's Name and Stamp (please type or print) _____ Date _____

Physician's Address _____

Physician's Signature _____ Telephone _____



Exemption to Immunization Requirements Form

Name (Last, First, MI)	
Date of Birth	ID #
Home Address	Campus Telephone
Home Telephone	
Date Entering Holy Apostles	Date Expected Graduation
Exempt Immunization/Testing (Check all that apply)	
<input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Mumps <input type="checkbox"/> Varicella <input type="checkbox"/> Meningitis	

Statement of Exemption to Immunization Law Medical Exemption

The physical condition of the above named individual is such that (___ measles ___ mumps ___ rubella ___ varicella) immunization would endanger life or health.

State reasons for requesting a medical exemption:

Healthcare Provider Signature

Date

Statement of Exemption to Immunization Law Religious Exemption

(Includes a strong moral or ethical conviction similar to a religious belief)

The above named individual adheres to a religious belief whose teachings are opposed to (___ measles ___ mumps ___ rubella ___ varicella) immunizations.

Signed: _____

Date: _____

**Statement of Exemption to Meningitis Immunization Law
Age Exemption**

I am 29 years of age or older and choose not to receive the vaccination.

Signed: _____

Date: _____

**I understand that exemption for either medical, religious or age reasons subjects me to
exclusion from campus in the event of an outbreak of a disease for which immunization is
required.**

Signed: _____

Date: _____

The original of this form and any supporting documentation submitted are to be placed in the student's record