

# IMMUNIZATION FORM

THE FOLLOWING SECTION MUST BE COMPLETED BY THE STUDENT. PLEASE PRINT OR TYPE.

Name of Student (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Semester admitted to UNH \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex:  M  F

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security No. or Student ID No. \_\_\_\_\_

PLEASE PLACE A CHECK MARK BEFORE ALL AREAS THAT APPLY TO YOU AS A STUDENT:

Graduate Student                       Full-Time                      Reminder: Physical required of fulltime students  
 Undergraduate Student                       Part-Time

THE FOLLOWING SECTION MUST BE COMPLETED BY EITHER A PHYSICIAN OR SOMEONE OPERATING UNDER THE DIRECTION OF A PHYSICIAN (I.E. SCHOOL NURSE, PHYSICIAN ASSISTANT, NURSE PRACTITIONER).

PLEASE SEND A COPY OF THE STUDENT'S IMMUNIZATION RECORD OR LAB RESULTS WITH THIS FORM.

Lab Evidence of Immunity

Vaccine Type	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	Test Date	Test Results
Measles					
Mumps					
Rubella					
MMR Measles mumps rubella					
Varicella (Two doses)					

I certify that this student has received the immunizations or has laboratory evidence of immunity indicated.

Physician's Stamp

\_\_\_\_\_  
Physician's Signature Date

OR

\_\_\_\_\_  
Person authorized by a physician to sign Date



University of New Haven  
300 Boston Post Road, West Haven, CT 06516

UNIVERSITY OF  
NEW HAVEN

## IMMUNIZATION FORM

According to Connecticut State Law (Public Act 89-90), all students born on or after January 1, 1957 and entering an institution of higher education must show proof of having received immunizations for measles, mumps and rubella (German measles). Students will also need to provide information concerning Varicella (Chicken Pox). For your own safety and that of your classmates, you must provide the university's Health Services Office with proof of immunity for its records. The university's policy is that grades/transcripts and registration will be held each semester for those students who do not comply with the law.

### PLEASE CHECK YOUR MEDICAL RECORDS TO SEE IF YOU HAVE RECEIVED:

First dose of measles vaccine after your first birthday and on/in 1969. (For example; if you were born May 15, 1968, you must have received your first measles shot after May 15, 1969.)

**Vaccines received before 1969 are not acceptable.**

Second dose of measles vaccine after January 1, 1980.

Two doses of Mumps vaccine (If you have documentation of two MMR's that will fulfill requirement).

One dose of rubella (German Measles) vaccine received after your first birthday.

Varicella (Chicken Pox) –History of disease with date or Titre (Blood test) is required to prove immunity or two doses of vaccine.

**If you will be a full-time student**, please contact the Health Services Office to receive a physical exam form that must be completed prior to starting classes. This form is also available on the Health Services page of the University of New Haven's website.

If you have received the required vaccines, please submit proof of immunity, i.e. records from school, parent's records or copies of lab results from blood tests along with the completed immunization form attached to:

Health Services Office  
300 Boston Post Road  
West Haven, CT 06516

If you have not been immunized, we suggest you contact your family physician as soon as possible.

If you were born prior to January 1, 1957, the vaccine requirement does not apply. However, we ask that you complete the attached form, circle your birth date, and return it for our records.

### QUESTIONS?

Contact the Health Services Office weekdays between the hours of 8:30 am and 4:30 pm at (203) 932-7079 phone or (203) 931-6090 fax or call the State Health Department at (860) 566-4141.