



Southern Connecticut State University

501 Crescent Street
New Haven, CT 06515 -1355
(203) 392-6300



GRANOFF STUDENT HEALTH CENTER MEASLES & RUBELLA IMMUNIZATION FORM

Connecticut State Law requires that all students born on or after 1/1/57 be protected against measles and rubella. All students enrolled in a Connecticut post-secondary school will, be required to show proof of two doses of measles containing vaccine, at least one of which must have been administered on or after January 1, 1980.

Name of Student (Last) _____ (First) _____ (Middle) _____
Birth Date: _____ Sex: M F
Social Security No. _____

Street Address _____
City _____ State _____ Zip Code _____

Home Phone: _____

The following section must be completed by either a physician or someone operating under the direction of a physician (i.e. school nurse, physician's assistant, nurse practitioner).

Record of Immunization				Lab Evidence of Immunity	
Vaccine Type	1st Dose	2nd Dose	3rd Dose	Test Date	Test Results
Measles					
Rubella					

PPD (Mantoux) required within 1 year of enrollment.
Date read ___/___/___ Result _____ mm X _____ mm

I certify that this student has received the immunization(s) or has laboratory evidence of immunity as indicated.

Physician's Stamp

Physician's Signature _____ Date _____

Person authorized by a _____ Date _____
physician to sign