

SOUTHERN CONNECTICUT STATE UNIVERSITY  
 GRANOFF STUDENT HEALTH CENTER  
 MEASLES & RUBELLA IMMUNIZATION FORM

**Connecticut State Statutes** require each full-time or matriculating student born on or after January 1, 1957 to provide proof of adequate immunization against **Measles** (Rubeola) and **German Measles** (Rubella) prior to registration. Adequate immunization is defined as:

- 1) Measles (Rubeola): One injection at 12 months of age or older and on or after January 1, 1969, and a second dose on or after January 1, 1980.
- 2) German Measles (Rubella): One injection after 12 months of age.

**The only exceptions to this are the following:**

- 1) Those born prior to January 1, 1957.
- 2) Those with a valid medical exemption signed by a physician
- 3) Those who provide documented proof of immunity to both Measles (Rubeola) and German Measles (Rubella).
- 4) Those who provide a written statement testifying that immunization is contrary to their religious belief.
- 5) Those enrolled exclusively in a program for which students do not congregate on campus for classes or to participate in institutional-sponsored events, such as students enrolled in distance learning programs for individualized home study or programs conducted entirely through electronic media in a setting without other students present
- 6) Those who have graduated from a Connecticut High School in 1999 or later

**SHOULD YOUR STATUS CHANGE TO FULL-TIME UNDERGRADUATE AT ANY TIME YOU WILL BE REQUIRED TO SUBMIT A HEALTH FORM TO HEALTH SERVICES. THESE FORMS CAN BE PICKED UP AT GRANOFF STUDENT HEALTH SERVICES OR DOWNLOADED FROM THE HEALTH SERVICE WEB-SITE.**

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

\_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Sex: M [ ] F [ ]

ID Number \_\_\_\_\_

\_\_\_\_\_  
 Street Address City State Zip Code

Home Phone: \_\_\_\_\_

Vaccine Type	Record of Immunization		Lab Evidence of Immunity	
	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	Test Date	Test Results
Measles	_____	_____	_____	_____
Rubella	_____	_____	_____	_____
MMR	_____	_____	_____	_____

I certify to the best of my knowledge the information on this form is complete and correct.

\_\_\_\_\_  
 Signature Date