STATE IMMUNIZATION POLICY

	n, leave blank				
nonin apari to insure ade	equate immunization		ires that all full-time (degree so be adequately protected agains scept those born in the continen- tudents must have two (2) dose oftions below and attach the n		
y you are in	or exempt, preuse con	inprese one of the op		eccessury weamens	
ame of Student			SS#	Date of Birtl	n//
dress					
ddress Street			City/Town	State	Zip Code
OPTION 1: RECORD OF IMMUNIZATION This section must be completed by either a physician or someone operating under the direction of a physician (ex. School nurse, physician's assistant, or nurse practitioner).			OPTION 2: LAB EVIDENCE OF IMMUNITY OR CONFIRMED CASE OF DISEASE Test results (Titer) for lab evidence must be attached to this form or document that you have already had the disease(s). If you cannot document a confirmed case of the disease(s), then you must submit immunity results from a medical laboratory.		
Vaccination Type	1st Dose	2 nd Dose	Date of Test	Result of Test	Date of Disease
Measles	mo/day/yr / /	mo/day/yr / /	mo/day/yr / /		
Mumps	mo/day/yr / /	mo/day/yr / /	mo/day/yr / /		
Rubella	mo/day/yr / /	mo/day/yr / /	mo/day/yr / /		
	-	(OR .		
MMR	mo/day/yr / /	mo/day/yr / /	mo/day/yr / /		
		A	ND		
Varicella (Born after 1/1/1980)	mo/day/yr / /	mo/day/yr / /	mo/day/yr / /		
OPTION 1 & 2: This necesived the immunization			ereby certify that this student h ty as indicated.	as	
Signature of physician or a	uthorized person		 Date		

DEA number

IMMUNIZATION WAIVERS

OPTION 3: MEDICAL EXEMPTION

Students with medical exemptions shall be permitted to attend college except when, in accordance with Connecticut General Statute section 10a-155a, a public health official has reason to believe that the presence of the non-immunized person presents a clear danger to others. Students excluded from college for this reason will not be able to return to school until the student presents to college a certificate from a physician, physician assistant or advanced practice registered nurse that the student's presence does not present a clear danger to the health of others.

According to State statutes, (Connecticut General Statutes Section 10a-155) no student may enroll in an institution of higher education without proof of immunization or a statement of exemption. Students seeking an exemption on the basis that a given immunization is medically contraindicated must attach a statement to the form signed by their physician stating that in the physician's opinion, such immunization is medically contraindicated and why it is contraindicated. In addition, the student should complete the following statement and return it to the TxCC Admissions Office.

I am submitting the enclosed documentation from a physician that immunization	tion is medically contraindicated. Therefore, I am exempt from
receiving the required immunization as specified by the physician, and shall be	be permitted to attend college except in the case of a vaccine-
preventable disease outbreak in the school.	
Student Name	Student Signature

NOTE:

Pursuant to Connecticut General Statute 10a-155, religious exemptions will be granted only to those students who provided statements requesting the exemption prior to April 28, 2021. No religious exemptions will be granted after April 28, 2021.