



PROOF OF MEASLES/RUBELLA IMMUNITY

Connecticut law requires that all students attending Connecticut colleges and born after December 31, 1956 must provide proof of immunization against measles and rubella.

You will not be allowed to register in a degree or certificate program unless this proof is provided.

Student's Name _____
(Please print) Last First Maiden/Middle

Address _____
Number & Street Town State Zip

Home Phone Number _____ Work Phone Number _____

Date of Birth ____/____/____ Social Security Number ____/____/____

Inoculation Series

Measles 1st dose ____/____/____ 2nd dose ____/____/____
(must be after age 1 and January 1, 1969) *(must be after January 1, 1980)*

Rubella ____/____/____
(must be after age 1)

Laboratory Verification of Immunity *(required for anyone not providing proof of inoculation)*

Please attach lab report with titer test results.

Measles ____/____/____ Laboratory results _____
(titer date) **(Required)**

Rubella ____/____/____ Laboratory results _____
(titer date) **(Required)**

Physician's Name _____
(Please print or type)

Physician's stamp required

Physician's Signature _____ Date _____