



Immunization Form

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

Name	Last	First	Middle Initial
Social Security No. or Student ID No.	Birth Date		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Street address			
City	State	Zip	
Home Phone		Cell Phone	

Please place a check mark before ALL areas that apply to you as a student:

<input type="checkbox"/> Graduate	<input type="checkbox"/> Full-time	<i>Reminder: Physical required of full-time students</i>	Semester admitted to UNH
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Part-time		Year admitted to UNH

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	1ST DOSE	2ND DOSE	3RD DOSE	TEST DATE	TEST RESULTS
MMR #1 (Measles mumps rubella)					
MMR #2 (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



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:

- ☐ **Valid MMR injections (Measles, Mumps, Rubella)** — two injections are required, or Titre (blood test) proving immunity. Injection must be after January 1, 1969 to be valid. Example: birth date May 15, 1968, first measles injection May 15, 1969 or later. **Injections given before first birthday or prior to January 1, 1969 are not valid.**
- ☐ **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.**

Necessary Insurance Information

- ☐ **You must provide a copy of your private insurance company card**, including company name, company phone number, and your identification number. If you do not have private insurance, please indicate that in an attached note.
- ☐ **You must provide** a copy of your driver's license or other photo identification to be included in your patient chart.

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
University of New Haven
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 a.m. and 4:30 p.m. at 203.932.7079 (phone) or 203.931.6090 (fax) or call the State Health Department at 860.566.4141.