Hartford SEMINARY

Exploring Differences, Deepening Faith

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GRADUATE PROGRAM
IMMUNIZATION VERIFICATION FORM

Connecticut State Law requires that all students born after December 31, 1956 and enrolled in post-secondary schools be protected against measles and rubella. Requirements for measles are: two doses, the first to be given after January 1, 1969, and on or after the first birthday; and the second dose given after January 1, 1980. For rubella the requirement is one dose administered after the first birthday. Therefore, if you have not already been immunized, you should request the two doses from your physician.

This section may be completed by the students. Please print or type.

Student Name (Last, First, MI)	**Birth Date**	**Social Security #**
Address (Include street, town, zip)	**Home Phone #**	**Work Phone #**
	( ) -	( ) -
Physician's Name / Address		**Physician Phone #**
		( ) -

This section must be completed by either a physician or someone operating under the direction of a physician, i.e. nurse, physician's assistant, nurse practitioner. Two measles doses must be recorded.

RECORD OF IMMUNIZATION

		Lab Evidence Immunity	
1st Dose MO/DA/YR	**2nd Dose MO/DA/YR**	**Date of Test**	**Result of Test**
Measles			
Rubella			

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

(Physician's stamp or DEA number) _____ _____

Signature of Physician Date

OR

_____ _____

Person Authorized by Physician to sign Date

(*Please stamp with your Medicaid or similar name/address stamp and sign*)
Complete and return to the Registrar's Office.