



Certificate of Immunization

Upload to the Student Health Portal (connc.studenthealthportal.com)

Student Health Services 270 Mohegan Avenue New London, CT 06320 Tel: 860-439-2275

Student Name Last First MI Date of Birth

Connecticut State Law requires the following immunizations of ALL students. Form to be completed by Health Care Provider. Exact dates are required for immunizations or serological test results. Please include copies of laboratory reports, if titers done. Enter dates in MM/DD/YYYY format.

1. MMR (Measles, Mumps, Rubella) 2 doses required

#1 (on or after 1st birthday) OR Measles: 1) 2) Mumps: 1) 2) Rubella: 1) 2)

OR Measles (Rubeola) Positive titer Result: Attach/upload copy of laboratory report Mumps Positive titer Result: Attach/upload copy of laboratory report Rubella Positive titer Result: Attach/upload copy of laboratory report

2. Varicella Vaccine 2 doses required

#1 (on or after 1st birthday) OR History of Chicken Pox Date: Positive Varicella Titer: Date: Attach/upload copy of laboratory report

3. Meningococcal Conjugate Vaccine (A, C, Y, W): #1 (Within past 5 years) #2 Booster (if primary vaccine given before age 16 years):

OR Medical Waiver certificate signed by MD/APRN/PA indicating vaccine medically contraindicated or downloading and completing State of Connecticut Religious Exemption Form

RECOMMENDED IMMUNIZATIONS

Table with 6 columns and 7 rows for immunization tracking: DTP, Hepatitis A, Hepatitis B, HPV (Gardasil), Polio (Most recent Booster), Meningitis B, Tetanus (Booster must be in past 10 years).

Health Care Provider

Signature: MD/DO/NP/PA Print or Type Name: Date: Phone Number:

Provider/Facility Stamp Here