



SAINT JOSEPH COLLEGE

C O N N E C T I C U T

Masters Degree Student Proof of Immunization Form

After students have completed six credits at Saint Joseph College proof of immunization is required. Students born before 1957 should return this form but are exempt from the immunization requirements. Nursing and Dietetic Intern program students are not eligible for the date of birth exemptions and must fulfill requirements outlined below. Records from a prior college may be attached however additional documents may be required as vaccine requirements were recently changed by the state of Connecticut.

Student Name: _____ Birth date _____ Birth place _____
Please include middle initial if applicable

Email address: _____ Student ID: _____

Address: _____
Street/apartment City State Zip code

Home Phone: _____ Cell Phone: _____

Enrollment Status _____ Full-time _____ Part-time

Please attach a copy of the complete immunization record or have a health care provider office complete this form. For students declaring immunity by titers, a laboratory report must be attached. Students who are not completely immune will be required to obtain additional vaccine(s).

REQUIRED IMMUNIZATIONS

Measles, Mumps & Rubella (*Individuals born before 1957 in the U.S. are exempt*)

MMR # 1	MMR # 2	OR	<input type="checkbox"/> Lab results attached
<u>OR ALL VACCINES SHOWN BELOW</u>			
Measles # 1	Rubella # 1	Mumps # 1	
Measles # 2	Rubella # 2	Mumps # 2	



To meet requirement, Measles/Rubella/MMR vaccines must be given after the first birthday. 1st Measles vaccine must be after 1968 and 2nd must be after 1980. Rubella vaccine must be in or after 1969.

Varicella [chickenpox] (*Only individuals born before 1980 in the U.S. are exempt*)

Varicella # 1	Varicella # 2	OR	<input type="checkbox"/> Lab results attached
OR Health care provider verification (record month/year of illness) _____			



To be valid the 1st Varicella vaccine must be given after the first birthday and the 2nd dose no sooner than 28 days after the initial vaccine.

Office stamp or print provider name & address:	Signature _____
	Date _____
	Office phone _____
	Fax _____