

UNIVERSITY HEALTH SERVICE

(860) 832-1925

REQUEST FOR EXEMPTION FROM MEASLES, MUMPS, RUBELLA, MENINGITIS, VARICELLA VACCINATION REQUIREMENTS

		Duce of birdii	Student ID :
	(please print clearly)		
even meas		ulated college and university stu	eventable diseases that can hurt, cripple and idents show proof of adequate immunity to halls need to show proof of adequate
Whv	Immunize?		
1.	Measles is a serious disease characte	inflammation of the brain and e	high fever. It can lead to pneumonia, serious ven death. The severe complications develops will result in death.
	occasionally cause serious complication	ns such as inflammation of the	e cheeks and jaw that it causes. It can testicles (orchitis) which can lead to fertility nflammation of the ovaries (oophoritis) and/or
	Rubella or German Measles is an infectious viral disease characterized by mild fever and rash. The major risk is non-immune women who catch the disease early in pregnancy. Such women are likely to have a baby with seriou birth defects.		
(young infants and adults. It can lead t chickenpox virus is spread through the	o severe skin infection, scars, p e air, or by contact with fluid fro I for chickenpox each year in the	y mild, but it can be serious, especially in neumonia, brain damage, or death. The m chickenpox blisters. Before the vaccine, e United States and about 100 people died
	treatment. The bacterium, Neisseria	meningitidis, is the responsible of	cterial infection that requires immediate germ which can manifest in one's body as cord), septicemia (blood poisoning) as well as
discus Menir	e read and understand the above risks ss this with a medical provider. I requiregococcal Disease immunization requiregrancy / due date	est exemption from the Measles	
	Medical contraindication (a physician		or exemption is required) ation is contrary to your religious beliefs)
(CCSI and a staff, case	 J) and its faculty, staff, employees and agree to indemnify and hold harmless of employees or agents as a result of my 	d/or agents which may arise as CCSU from any claims or causes y failure to be immunized. I furt are discovered on campus, I ma	nst Central Connecticut State University the result of my failure to be immunized, of action brought against it or its faculty, her understand that in the event that a y be temporarily excluded from classes,

Date

Signature