

Connecticut Vaccine Exemption Laws

TITLE 10. EDUCATION AND CULTURE

CHAPTER 169. SCHOOL HEALTH AND SANITATION

Sec. 10-204a. Required immunizations.

(a) Each local or regional board of education, or similar body governing a nonpublic school or schools, shall require each child to be protected by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule for active immunization adopted pursuant to section 19a-7f before being permitted to enroll in any program operated by a public or nonpublic school under its jurisdiction. Before being permitted to enter seventh grade, a child shall receive a second immunization against measles. Any such child who

(1) presents a certificate from a physician or local health agency stating that initial immunizations have been given to such child and additional immunizations are in process under guidelines and schedules specified by the Commissioner of Public Health; or

(2) presents a certificate from a physician stating that in the opinion of such physician, such immunization is medically contraindicated because of the physical condition of such child; or

(3) presents a statement from the parents or guardian of such child that such immunization would be contrary to the religious beliefs of such child; or

(4) in the case of measles, mumps or rubella, presents a certificate from a physician or from the director of health in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or

(5) in the case of hemophilus influenzae type B has passed his fifth birthday; or

(6) in the case of pertussis, has passed his sixth birthday, shall be exempt from the appropriate provisions of this section. If the parents or guardians of any children are unable to pay for such immunizations, the expense of such immunizations shall, on the recommendations of such board of education, be paid by the town.

(b) The definitions of adequate immunization shall reflect the schedule for active immunization adopted pursuant to section 19a-7f and be established by regulation adopted in accordance with the provisions of chapter 54 by the Commissioner of Public Health, who shall also be responsible for providing procedures under which said boards and said similar governing bodies shall collect and report immunization data on each child to the Department of Public Health for compilation and analysis by said department.

**TITLE 19a. PUBLIC HEALTH AND WELL-BEING
CHAPTER 368a. DEPARTMENT OF PUBLIC HEALTH**

Sec. 19a-7f. Childhood immunization schedule.

The standard of care for immunization for the children of this state shall be the recommended schedule for active immunization for normal infants and children published by the committee on infectious diseases of the American Academy of Pediatrics or the schedule published by the National Immunization Practices Advisory Committee, as determined by the Commissioner of Public Health. The commissioner shall establish, within available appropriations, an immunization program which shall:

- (1) Provide vaccine at no cost to health care providers in Connecticut to administer to children so that cost of vaccine will not be a barrier to age-appropriate vaccination in this state;
- (2) with the assistance of hospital maternity programs, provide all parents in this state with the recommended immunization schedule for normal infants and children, a booklet to record immunizations at the time of the infant's discharge from the hospital nursery and a list of sites where immunization may be provided;
- (3) inform in a timely manner all health care providers of changes in the recommended immunization schedule;
- (4) assist hospitals, local health providers and local health departments to develop and implement record-keeping and outreach programs to identify and immunize those children who have fallen behind the recommended immunization schedule or who lack access to regular preventative health care and have the authority to gather such data as may be needed to evaluate such efforts;
- (5) assist in the development of a program to assess the vaccination status of children who are clients of state and federal programs serving the health and welfare of children and make provision for vaccination of those who are behind the recommended immunization schedule;
- (6) access available state and federal funds including, but not limited to, any funds available through the federal Childhood Immunization Reauthorization or any funds available through the Medicaid program;
- (7) solicit, receive and expend funds from any public or private source; and
- (8) develop and make available to parents and health care providers public health educational materials about the benefits of timely immunization.

Sec. 19a-7h. Childhood immunization registry. Regulations.

(a) The Commissioner of Public Health or his designee may, within the limitations of available resources, establish and maintain for the purpose of assuring timely childhood immunization an ongoing registry of all children who have not begun the first grade of school including all newborns. The registry shall include such information as is necessary to accurately identify a child and to assess current immunization status.

(b) For purposes of this section, "health care provider" means a person who has direct or supervisory responsibility for the delivery of immunization including licensed physicians, nurse practitioners, nurse midwives, physician assistants and nurses. Each health care provider who has provided health care to a child listed in the registry shall report to the commissioner or his designee sufficient information to identify the child and the name and date of each vaccine dose given to that child or when appropriate, contraindications or exemptions to administration of each vaccine dose. Reports shall be made by such means determined by the commissioner to result in timely reporting. Each health care provider intending to administer vaccines to any child listed on the registry and each parent or guardian of such child shall be provided current information as contained in the registry on the immunization status of the child for the purposes of determining whether additional doses of recommended routine childhood immunizations are needed, or to officially document immunization status to meet state day care or school immunization entry requirements pursuant to sections 10-204a, 19a-79 and 19a-87b and regulations adopted thereunder. Each director of health of any town, city or health district shall be provided with sufficient information on the children who live in his jurisdiction and who are listed on the registry to enable determination of which children are overdue for scheduled immunizations and to enable provision of outreach to assist in getting each such child vaccinated.

(c) Except as specified in subsections (a) and (b) of this section, all personal information including vaccination status and dates of vaccination of individuals shall be confidential pursuant to section 19a-25 and shall not be further disclosed without the authorization of the child or the child's legal guardian. The commissioner shall adopt regulations, pursuant to chapter 54, to specify how information on vaccinations or exemptions from vaccination will be reported in a timely manner to the registry, how information on the registry will be made available to health care providers, parents or guardians, and directors of health, how parents or guardians may decline their child's enrollment in the registry, and to otherwise implement the provisions of this section.

Sec. 19a-79. (Formerly Sec. 19-43d). Regulations. Exemptions. Variance.

(a) The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive, and to assure that child day care centers and group day care homes shall meet the health, educational and social needs of children utilizing such child day care centers and group day care homes. Such regulations shall

(1) specify that before being permitted to attend any child day care center or group day care home, each child shall be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule of active immunization adopted pursuant to section 19a-7f, including appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parents object to such immunization on religious grounds,

(2) specify conditions under which child day care center directors and teachers and group day care home providers may administer tests to monitor glucose levels in a child with diagnosed diabetes mellitus, and administer medicinal preparations, including controlled drugs specified in the regulations by the commissioner, to a child receiving child day care services at such child day care center or group day care home pursuant to the written

order of a physician licensed to practice medicine or a dentist licensed to practice dental medicine in this or another state, or an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or a physician assistant licensed to prescribe in accordance with section 20-12d, and the written authorization of a parent or guardian of such child,

(3) specify that an operator of a child day care center or group day care home, licensed before January 1, 1986, or an operator who receives a license after January 1, 1986, for a facility licensed prior to January 1, 1986, shall provide a minimum of thirty square feet per child of total indoor usable space, free of furniture except that needed for the children's purposes, exclusive of toilet rooms, bathrooms, coatrooms, kitchens, halls, isolation room or other rooms used for purposes other than the activities of the children,

(4) specify that a child day care center or group day care home licensed after January 1, 1986, shall provide thirty-five square feet per child of total indoor usable space,

(5) establish appropriate child day care center staffing requirements for employees certified in cardiopulmonary resuscitation by the American Red Cross, the American Heart Association, the National Safety Council, American Safety and Health Institute or Medic First Aid International, Inc.,

(6) specify that on and after January 1, 2003, a child day care center or group day care home

(A) shall not deny services to a child on the basis of a child's known or suspected allergy or because a child has a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction, or for injectable equipment used to administer glucagon,

(B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the use of such equipment on-site during all hours when such a child is on-site,

(C) shall require such child's parent or guardian to provide the injector or injectable equipment and a copy of the prescription for such medication and injector or injectable equipment upon enrollment of such child, and

(D) shall require a parent or guardian enrolling such a child to replace such medication and equipment prior to its expiration date, and

(7) specify that on and after January 1, 2005, a child day care center or group day care home

(A) shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma, and

(B) shall, not later than three weeks after such child's enrollment in such a center or home, have staff trained in the administration of such medication on-site during all hours when such a child is on-site.

(b) The Commissioner of Public Health may adopt regulations, pursuant to chapter 54, to establish civil penalties of not more than one hundred dollars per day for each day of violation and other disciplinary remedies that may be imposed, following a contested-case hearing, upon the holder of a license issued under section 19a-80 to operate a child day care center or group day care home or upon the holder of a license issued under section 19a-87b to operate a family day care home.

(c) The Commissioner of Public Health shall exempt Montessori schools accredited by the American Montessori Society or the Association Montessori Internationale from any provision in regulations adopted pursuant to subsection (a) of this section which sets requirements on group size or child to staff ratios or the provision of cots.

(d) Any child day care center or group day care home that operates in a public school building and serves exclusively school-age children may apply for a variance to the physical plant requirements adopted as regulations pursuant to subsection (a) of this section on a form and in the manner prescribed by the Commissioner of Public Health. The commissioner may not grant a variance under this subsection unless

**REGULATIONS OF CONNECTICUT STATE AGENCIES
DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION OF SCHOOL CHILDREN**

10-204a-2a. Adequate immunization

(a) Measles. An individual shall be considered adequately protected against measles if that individual:

(1) is enrolled in preschool and is less than four (4) years of age and was immunized by use of live attenuated measles vaccine on or after that individual's first birthday; or

(2) is or has been enrolled in kindergarten on or after August 2000 and was immunized against measles by use of two (2) doses of a live attenuated measles vaccine given at least thirty (30) days apart, the first on or after that individual's first birthday; or

(3) is or has been enrolled in seventh grade after September 1992 and had two (2) doses of a live attenuated measles vaccine, the first on or after that individual's first birthday; or

(4) has had protection against measles confirmed in writing by a physician, physician assistant or advanced practice registered nurse based on specific blood testing by a certified laboratory.

(b) Rubella. An individual shall be considered adequately protected against rubella, if that individual:

(1) was immunized at one (1) year or older with a rubella vaccine; or

(2) has had protection against rubella confirmed in writing by specific blood testing conducted by a certified laboratory.

(c) Poliomyelitis

(1) An individual eighteen (18) months of age or older shall be considered adequately protected against poliomyelitis if that individual has had a minimum of (3) doses of either trivalent oral polio vaccine (TOPV) or inactivated polio vaccine (IPV), two (2) doses of polio vaccine given at least four (4) weeks apart and a third dose given at least two (2) months after the previous dose.

(2) For individuals enrolled in grades kindergarten through twelve (12) and at least forty-eight (48) months of age, at least one (1) dose of polio vaccine must be given on or after the fourth birthday.

(d) Diphtheria, Tetanus, Pertussis (DTP)

(1) An individual eighteen to seventy-one (18-71) months of age shall be considered adequately protected against diphtheria, tetanus and pertussis if such individual was immunized with a minimum of four (4) doses of diphtheria, tetanus, and 1 Department of Public Health Public Health Code 10-204a-2a. Adequate immunization *Current with materials published in Connecticut Law Journal through 06/01/2006* pertussis toxoid,

three (3) doses given at a minimum of four (4) week intervals followed by a fourth DTP dose at least six (6) months after the third.

(2) For individuals forty eight (48) to seventy-one (48-71) months of age and enrolled in grades kindergarten and above, at least one (1) dose of DTP vaccine must have been given on or after the fourth birthday.

(3) An individual seventy-two (72) months of age or older shall be considered adequately protected if such individual was immunized with a minimum of two (2) doses of tetanus, diphtheria toxoid (td) at a minimum of four (4) week intervals, followed by a third dose of tetanus, diphtheria toxoid at least six (6) months after the second dose and on or after the fourth birthday.

(e) Mumps. An individual shall be considered adequately protected against mumps if such individual:

(1) was immunized at one (1) year of age or older with live mumps vaccine, or

(2) has protection against mumps confirmed in writing by a physician based on specific blood testing by a certified laboratory.

(f) Hemophilus influenzae Type b (Hib). An individual shall be considered adequately protected against Hib invasive disease if such individual:

(1) was immunized before age five (5) years with a single dose of Hib vaccine given at age twelve (12) months or older, or

(2) is currently age five (5) years or older, or

(3) had a natural laboratory confirmed infection with hemophilus influenzae type b at age twenty-four (24) months or older confirmed in writing by a physician.

(g) Hepatitis B (HBV)

(1) An individual born January 1, 1994, or later shall be considered adequately protected against Hepatitis B if that individual:

(A) was immunized with three (3) doses of Hepatitis B vaccine as follows: two (2) doses given at least four (4) weeks apart followed by a third dose at least sixteen (16) weeks after the first dose and at least eight (8) weeks after the second dose, and the third dose shall be given no earlier than twenty-four (24) weeks of age; or

(B) has had protection against Hepatitis B confirmed in writing by a physician based on specific blood testing conducted by a certified laboratory.

(2) An individual born before January 1, 1994, and enrolled in seventh (7th) grade in August 2000 or later, shall have begun vaccination against Hepatitis B to enter seventh (7th) grade. Such individual shall be considered to have begun vaccination against Hepatitis B if that individual:

(A) was immunized with at least one (1) dose of Hepatitis B vaccine at the time of seventh (7th) grade entry; or

(B) has had protection against Hepatitis B confirmed in writing by specific blood testing conducted by a certified laboratory.

(3) An individual born before January 1, 1994 and enrolled in eighth (8th) grade in August 2001 or later, shall be adequately protected against Hepatitis B to enter eighth (8th) grade. Such individual shall be considered adequately protected against Hepatitis B if that individual:

(A) was immunized with at least three (3) doses of Hepatitis B vaccine as follows: two (2) doses given at least four weeks apart followed by a third dose at least sixteen (16) weeks after the first dose and at least eight (8) weeks after the second dose, and the third dose shall be given no earlier than twenty-four (24) weeks of age; or

(B) has had protection against Hepatitis B confirmed in writing by specific blood testing conducted by a certified laboratory.

(h) Varicella. An individual shall be considered adequately protected against Varicella if that individual:

(1) was born January 1, 1997 or later and was immunized with one (1) dose of Varicella vaccine on or after that individual's first birthday and before that 2 Department of Public Health Public Health Code 10-204a-3a. Immunization in progress *Current with materials published in Connecticut Law Journal through 06/01/2006* individual's thirteenth birthday or two (2) doses of Varicella vaccine given at least four weeks apart if the first dose was given on or after the individual's thirteenth birthday; or

(2) was born before January 1, 1997 and is enrolled in seventh (7th) grade in August 2000 or later and was immunized with one (1) dose of Varicella vaccine on or after that individual's first birthday and before that individual's thirteenth birthday or two (2) doses of Varicella vaccine given at least four weeks apart if the first dose was given on or after the individual's thirteenth birthday; or

(3) has a written statement signed and dated by a physician, physician assistant or advanced practice registered nurse indicating that the individual has already had Varicella based on family and/or medical history; or

(4) has had protection against Varicella confirmed in writing by specific blood testing conducted by a certified laboratory.

(i) Religious exemption. Any individual whose parents or guardian presents a statement that such immunization is contrary to the religious beliefs of such child is exempted from immunization requirements.

10-204a-3a. Immunization in progress

(a) In those instances at school entry where a school-aged child is not adequately immunized school attendance shall be permitted only if that child:

(1) has received a dose of each required vaccine for which that child is behind in the month prior to first attendance; and

(2) continues on the following schedule until adequately immunized.

**DEPARTMENT OF PUBLIC HEALTH
GROUP DAY CARE HOMES AND DAY CARE CENTERS**

19a-79-6a. Health and safety

(d) Immunization requirements

(1) A child seeking admission to or attending a child day care center or group day care home shall be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type b, hepatitis b if such child was born after December 31, 1993, and varicella if such child was born after December 31, 1996, and against any other disease for which vaccination is recommended in the current schedule for active immunization adopted by the Commissioner in accordance with Connecticut General Statutes Section 19a-7f.

(2) The provider shall admit no child to a child day care center or group day care home unless such child's parent furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption from immunization as specified in subdivision (3) of this subsection. No child shall be permitted to continue to attend a child day care center or group day care home for more than thirty (30) days unless such child continues to meet said requirements of subdivision (3) of this subsection.

(3) For each enrolled child, the operator shall obtain from the child's parent and keep on file at the child day care center or group day care home one or more of the following types of documentation for each of the diseases listed in subdivision (1) of this subsection:

(A) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child is current or in progress with immunizations according to the schedule adopted by the Commissioner in accordance with Connecticut General Statutes Section 19a-7f and that names the appointment date for the child's next immunization;

(B) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has an appointment that will keep the immunizations current or in progress as required by said schedule and that names the date for the child's next immunization;

(C) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has laboratory confirmed proof of immunity to natural infection, or, in the case of varicella, a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has already had chickenpox based on family and/or medical history;

(D) a statement signed and dated by a physician, physician assistant, or an advanced practice registered nurse indicating that the child has a medical contraindication to immunization;

(E) a written statement that immunization is contrary to the religious beliefs and practices of the child or the parent of such child. Such statement shall be signed by the child's parent.

(4) For each child to whom subparagraph (B) of subdivision (3) of this section applies, continued enrollment in day care for more than thirty days after the named immunization appointment shall be contingent on the provider receiving written documentation from a physician, physician assistant, or an advanced practice registered nurse stating either: that the named appointment was kept and the child received the scheduled immunizations, or that the child was unable to receive the scheduled immunizations for medical reasons and a new appointment date is named.

**TITLE 10a. STATE SYSTEM OF HIGHER EDUCATION
CHAPTER 185b. CONSTITUENT UNITS**

Sec. 10A-155. Required immunizations for college students.

(a) Each institution of higher education shall require each full-time or matriculating student born after December 31, 1956, to provide proof of adequate immunization against measles, rubella and on and after August 1, 2010, to provide proof of adequate immunization against mumps and varicella as recommended by the national Advisory Committee for Immunization Practices before permitting such student to enroll in such institution. Any such student who

(1) presents a certificate from a physician stating that in the opinion of such physician such immunization is medically contraindicated,

(2) provides a statement that such immunization would be contrary to his religious beliefs,

(3) presents a certificate from a physician, or from the director of health in the student's present or previous town of residence, stating that the student has had a confirmed case of such disease,

(4) is enrolled exclusively in a program for which students do not congregate on campus for classes or to participate in institutional-sponsored events, such as students enrolled in distance learning programs for individualized home study or programs conducted entirely through electronic media in a setting without other students present, or

(5) graduated from a public or nonpublic high school in this state in 1999 or later and was not exempt from the measles, rubella and on and after August 1, 2010, the mumps vaccination requirement pursuant to subdivision (2) or (3) of subsection (a) of section 10-204a shall be exempt from the appropriate provisions of this section.

(b) Each institution of higher education shall keep uniform records of the immunizations and immunization status of each student, based on the certificate of immunization or other evidence acceptable pursuant to subsection (a) of this section. The record shall be part of the student's permanent record. By November first of each year, the chief administrative officer of each institution of higher education shall cause to be submitted to the Commissioner of Public Health, on a form provided by the commissioner, a summary report of the immunization status of all students enrolling in such institution.