

Certificate of Immunization

This form must be completed and returned to the Office of Admissions at least one week prior to registration. Please note that this form is required for registration, and that your file will be placed on hold until the completed form is received by the Office of Admissions. (Hold status prevents registration and the release of grades, transcripts, and other records.)

STUDENT INFORMATION

Full name of student _____ Telephone number _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER (UNLESS EXEMPT*): (ATTACHED DOCUMENTATION OF VACCINATION AND/OR LAB RESULTS IS ALSO ACCEPTABLE.)

MMR (Measles, Mumps, Rubella) - Please document each dose: **Month/Year**
 Dose 1: (1st shot waived if graduated from a Tennessee high school after 1978) _____ / _____
 Dose 2: _____ / _____

Varicella (Chicken pox)** - Please document each dose:
 Dose 1: _____ / _____
 Dose 2: _____ / _____

Clinical diagnosis of
 Measles _____ / _____
 Mumps _____ / _____
 Rubella _____ / _____
 Varicella** _____ / _____

Laboratory proof of immunity:
 Measles Titer: _____ / _____
 Mumps Titer: _____ / _____
 Rubella Titer: _____ / _____
 Varicella** Titer: _____ / _____

Health Care Provider: _____ **Phone:** _____ **Date:** _____

*** EXEMPTION STATEMENTS**

IF BORN PRIOR TO JANUARY 1, 1957, PLEASE SIGN THE FOLLOWING: I certify that I was born prior to January 1, 1957; therefore, I am exempt from the MMR immunization requirement.

Signature _____ Date _____

IF BORN PRIOR TO JANUARY 1, 1980, PLEASE SIGN THE FOLLOWING: I certify that I was born prior to January 1, 1980; therefore, I am exempt from the varicella immunization requirement.

Signature _____ Date _____

GRADUATES OF HIGH SCHOOLS IN THE STATE OF TENNESSEE (1999 AND AFTER), PLEASE SIGN THE FOLLOWING:

I certify that I graduated from _____ High School in Tennessee in the year _____; therefore, I am exempt from the MMR immunization requirement.

Signature _____ Date _____

Please complete both sides of this form.



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**Effective July 1, 2011, all students born on or after January 1, 1980 must show proof of two doses or history of disease.

Hepatitis B Vaccination

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STUDENT INFORMATION

Full name of student _____

Telephone number _____

HEPATITIS B VACCINE

The General Assembly of the State of Tennessee mandates that each public and private post-secondary institution in the state provide all students with information concerning Hepatitis B infection. Although Tennessee law does not require students to receive Hepatitis B vaccinations for enrollment, the law does require that students provide proof of vaccination or sign a waiver form that includes detailed information about the disease. The following information concerning Hepatitis B is from the Centers for Disease Control (CDC). More information is available at www.cdc.gov.

Hepatitis B is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure and even death. The disease is transmitted by blood and/or bodily fluids, and many people exhibit no symptoms when they develop the disease. The disease is completely preventable. The Hepatitis B vaccine is available to all age groups and has a good safety record. The Hepatitis B vaccine is usually administered as a series of three shots and is believed to confer life-long immunity in most cases.

THE FOLLOWING INFORMATION MUST BE COMPLETED BY A HEALTH CARE PROVIDER: (ATTACHED DOCUMENTATION OF VACCINATION IS ALSO ACCEPTABLE)

The above named individual has received the Hepatitis B vaccine series as recommended by the State of Tennessee.

Dates of Hepatitis B vaccine: #1 _____ #2 _____ #3 _____

Healthcare provider: _____ Phone: _____ Date: _____

WAIVER

I certify that I have read the information and I have elected not to receive the Hepatitis B vaccine.

Student signature or parent/guardian (if student is under 18) _____

Date _____

Please complete both sides of this form.



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