AQUINAS COLLEGE

Certificate of Immunization

In accordance with state law, all students must complete and return this form to the Office of Admissions at least one week prior to registration. All sections must be filled out to be considered complete. This form is required for registration and a hold will be placed on your student account until the completed form is received by the Office of Admissions. Hold status prevents registration and the release of grades, transcripts, and other records. The State of Tennessee provides religious and medical exemption forms. Aquinas College acknowledges that there are moral issues associated with some vaccines. To obtain an exemption form, please contact the Office of Admissions. For more information regarding moral issues with vaccines, please visit the National Catholic Bioethics Center at http://ncbcenter.org.

STUDENT INFORMATION

Name __________________________________________ Date of Birth ________________________________

The following information must be completed by your health care provider (unless exempt). Attached documentation of vaccination and/or Titer results is also acceptable.

A. MEASLES, MUMPS, RUBELLA (MMR)

The State of Tennessee requires all students, born after 1956, entering college to provide proof of two (2) doses of the Measles, Mumps, and Rubella (MMR) vaccine. Proof of immunity by IgG titer to all three diseases is also accepted.

Please document each dose: Month/Year

Dose 1: _____ / ____
Dose 2: _____ / ____

OR

Clinical Diagnosis (positive IgG titer): _____ / ____

OR

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: _____________________

OR

Graduates of Tennessee High Schools (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: _____________________

B. VARICELLA (CHICKEN POX)

As of July 2011, the State of Tennessee requires all students born after 1979 to have documentation of chicken pox disease OR two (2) doses of the Varicella vaccine OR proof of immunity by positive IgG titer.

Please document each dose:

Dose 1: _____ / ____
Dose 2: _____ / ____

OR

Clinical Diagnosis: had disease _____ / ____ or positive IgG titer _____ / ____

OR (next page)

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: _____________________
C. HEPATITIS B

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 that can lead to chronic liver disease, liver cancer, liver failure and even death. It is contracted through exposure to infected blood and through bodily fluids that may contain blood. The Hepatitis B vaccine is available to all age groups and has a good safety record and is believed to confer lifelong immunity in most cases. A series of three (3) doses of the vaccine are required for optimal protection.

Please document each dose:

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

OR

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):

Signature: __________________________________________________________________ Date: ___________________

D. MENINGITIS (vaccination or waiver required for all residential students)

Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococcemia (bacteria in the blood). According to the CDC, the disease strikes about 1,000 to 2,000 Americans each year and college students, especially those living in residence halls, are at an increased risk for contracting meningococcal disease. Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. Please visit www.cdc.gov for more information regarding meningitis.

Date of Meningitis vaccine:  _____ /________

OR

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

Student Signature or Parent/Guardian (if student is under 18):

Signature: __________________________________________________________________ Date: ___________________

E. TUBERCULOSIS (TB) SCREENING (required for all graduate students)

TB Screening must be within 12 months prior to enrollment.

Date of PPD (TB skin test):  _____ /_____ / ___________ Given by (initials): ____________ Date read: _____ /_____ / ___________

Results: PPD: ______ mm of induration

I certify that the immunization information that I have provided Aquinas College is accurate and represents the student’s status at the time of the completion of this form.

HEALTH CARE PROVIDER SIGNATURE REQUIRED

Name ___________________________________________ (Printed or stamped name of healthcare provider)
Address ______________________________________________________________________________________
________________________________________________________________________________________
Phone ( ) ________________________

Health Care Provider Signature: ___________________________________________ Date: _______________