



Immunization Record

Full Name _____
Last First Middle

Address _____
Street City/State Zip

Home Phone () _____ Cell Phone () _____

Email _____ Birth Date _____

A. Measles, Mumps, and Rubella (check one)

Required of all students

The state of Tennessee requires all students, born after January 1, 1957, entering colleges and universities to provide proof of two (2) doses of Measles, Mumps, and Rubella (MMR) vaccine on or after the first birthday or proof of immunity to measles with an MMR titer (blood test).

Attach a copy of Immunization record showing two (2) doses of Measles, Mumps, & Rubella (MMR) vaccine

Attach a copy of immune MMR titer Date: ___/___/___ Results: _____

B. Varicella or "Chickenpox" (check one)

Required of all students

Attach a copy of Immunization record showing two (2) doses of varicella vaccine

Attach a copy of immune varicella titer Date: ___/___/___ Results: _____

Attach a letter from health care provider stating the he/she believes student has had chickenpox. Year of illness: _____

C. Tetanus / Diphtheria (TD)

Required of all students – Last dose must be within 10 years of admission

Attach a copy of Immunization record showing one dose within past 10 years of admission.

D. Hepatitis B (HBV) Immunization: Required for students in Teacher Education

I have received the complete three dose series of the Hepatitis B vaccine. Attach a copy of Immunization record showing three (3) doses of Hepatitis B Vaccine.

I decline receipt of vaccine to protect for Hepatitis B – attach a copy of waiver.

E. Tuberculosis (TB) Screening (Must be within 12 months prior to enrollment.)

Required of all students

Option 1 or 2 is REQUIRED for All New students. Option 1 is REQUIRED for Teacher Education students.

Option 1: PPD (TB skin test) or Interferon Gamma Release Assay (IGRA), Attach a copy of results.

Option 2: Fill out the TB Assessment Form (separate form) and sign the bottom. If you have risk factors, an appropriate TB screening test is required.

TB Risk Screening

Persons with any of the following risk factors are candidates for either a TB Skin test (PPD) or Interferon Gamma Release Assay (IGRA), UNLESS a previous positive test has been documented.

Please answer the following Tuberculosis (TB) Screening Questions:

1. Have you ever had a positive TB skin test? Yes No
2. Have you ever had close contact with somebody ill with TB? Yes No
3. Were you born in Africa, Eastern Europe, Asia, the Middle East, or South/Central America? Yes No
4. Have you traveled to the areas listed above? Yes No
5. Have you been vaccinated with BCG? Yes No
6. Have you been an employee or volunteer in a prison, nursing home, homeless shelter, or hospital? Yes No

Name (Print): _____

Signature: _____ Date: _____

Return to: Adult Studies, Welch College, 3606 West End Ave., Nashville, TN 37205
Contact Information: 615-269-5000, 615-844-5226, Fax 615-269-6028, email: adultdegree@fwbbc.edu