



Immunization Record

Parts A-E are required for all students. Part F is required for all dorm residents.

Check all that apply:

- Undergrad
- Nursing
- TE
- Dorm
- Commuter
- Graduate

Full Name _____
 Last First Middle Preferred

Home Address _____
 Street City/State Zip

Home Phone () _____ Cell Phone () _____ Email _____

Birth Date _____

A. MEASLES, MUMPS, AND RUBELLA (check one)
 REQUIRED OF ALL STUDENTS

- Attach a copy of Immunization record showing two (2) doses of Measles, Mumps & Rubella (MMR) vaccine.
 - Attach copy of immune MMR titer. Date: ___/___/___ Results _____
- 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).

B. VARICELLA OR "CHICKENPOX" (check one) -
 REQUIRED OF ALL STUDENTS

- Attach a copy of Immunization record showing two (2) doses of varicella vaccine.
- Attach copy of immune varicella titer. Date: ___/___/___ Results _____
- Attach letter from health care provider stating that 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 - RECOMMENDED FOR ALL NEW STUDENTS

REQUIRED FOR STUDENTS IN PRE-NURSING AND TEACHER EDUCATION

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to provide lifelong immunity in most cases.

- I decline receipt of vaccine to protect for Hepatitis B—attach a copy of waiver.
- 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 plan to receive the Hepatitis B series.

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 all **Pre-Nursing** and **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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever had close contact with somebody ill with TB? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Were you born in Africa, Eastern Europe, Asia, the Middle East, or South/Central America? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you traveled to the areas listed above? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you been vaccinated with BCG? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you been an employee or volunteer in a prison, nursing home, homeless shelter, or hospital? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

F. MENINGITIS VACCINE - STRONGLY RECOMMENDED FOR ALL NEW STUDENTS LIVING IN CAMPUS HOUSING

Strongly recommended for all new students living in campus housing Living Off Campus

College students, especially freshman living in residence halls, are at an increased risk for contracting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma, and even death within a short period of time. Immunization can prevent up to 80% of meningococcal meningitis in young adults. The vaccine is safe and effective against 4 of the 5 types of bacteria responsible for meningococcal meningitis in the United States and for the majority of the cases in the college age population. The Tennessee Department of Health **strongly urges** students to get the Meningitis Vaccine.

- I decline receipt of vaccine for meningococcal meningitis—attach a copy of waiver.
- I have received the meningococcal meningitis vaccine. Attach a copy of Immunization record showing Meningitis Vaccine.
- I plan to receive the meningococcal meningitis vaccine.

Signature _____

Date _____