

CERTIFICATE OF IMMUNIZATION

THE STATE OF TENNESSEE AS OF JULY 1, 1998 REQUIRES STUDENTS ENTERING COLLEGE AND UNIVERSITIES TO PROVIDE PROOF OF TWO DOSES OF MMR VACCINE.

If born prior to 1957, please sign the following:

I certify that I was born prior to 1957, therefore exempt from immunization requirement.

Signature _____ Date _____

(If this section is complete, no further information is necessary.)

THE FOLLOWING SECTIONS ARE TO BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER

Part I

MMR-Check appropriate box: (Rubeola)

1. ☐ Received two (2) measles vaccinations since the age of twelve months. (Mo/Yr.)____/____)
(Mo/Yr.)____/____)
2. ☐ Medically contraindicated because of pregnancy, allergy to vaccine, etc. Must list reason (s)._____
3. ☐ Refused immunization because of religious objections. Attach statement.

Part II

TETANUS-DIPHTHERIA-Check appropriate box:

1. ☐ Completed primary series of tetanus-diphtheria immunizations (Mo/Yr.)____/____
2. ☐ Received tetanus-diphtheria booster within last ten years (Mo/Yr.)____/____

Part III

MENINGOCOCCAL-Check appropriate box:

1. ☐ One dose-preferably at entry into college for freshmen living in residence halls, and undergraduate less than 25 years wishing to reduce their risk of disease should consider the vaccine. (Mo/Yr.)____/____

HEALTH CARE PROVIDER

Name _____ Address _____
Signature _____ Phone _____

Remember! YOU WILL NOT BE PERMITTED TO REGISTER UNTIL YOU COMPLETE AND RETURN. THIS FORM MUST BE SIGNED AND STAMPED BY YOUR PHYSICIAN OR HEALTH DEPARTMENT PROVIDING THE DOCUMENTATION