

## CERTIFICATE OF IMMUNIZATION

In compliance with Tennessee state law, all Board of Regents institutions are requiring proof of two immunizations with the measles, mumps, and rubella (MMR) vaccine and (effective July 2011) two immunizations with varicella (chickenpox) vaccine.

**You must have this form completed and signed by a licensed health care provider.** Please send this completed document to the address below. For questions or additional information call (931) 221-7107.

Please send this completed document to the following address:

Austin Peay State University, Boyd Health Services, Box 4655, Clarksville, TN 37044 or fax it to (931) 221-7388

Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Address: \_\_\_\_\_ A# \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Part 1-MMR

*If you graduated from a Tennessee high school after 1998, you are not required to fill out Part 1 of this form.*

*If you were born before 1957, you are not required to fill out Part 1 of this form.*

\_\_\_\_ 1. Date of MMR #1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of MMR #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ 2. **OR**, Clinical diagnoses of:  
Measles: Year: \_\_\_\_\_  
Mumps: Year: \_\_\_\_\_  
Rubella: Year: \_\_\_\_\_

\_\_\_\_ 3. **OR**, Laboratory proof of immunity:  
Measles: Year: \_\_\_\_\_ Titer: \_\_\_\_\_  
Mumps: Year: \_\_\_\_\_ Titer: \_\_\_\_\_  
Rubella: Year: \_\_\_\_\_ Titer: \_\_\_\_\_

\_\_\_\_ 4. **OR**, Medically contraindicated (allergy, pregnancy, other). Please attach provider's statement regarding medical condition.

\_\_\_\_ 5. **OR**, I affirm under penalty of perjury that I have not and/or will not obtain(ed) vaccinations because it conflicts with my religious practices.

Signature \_\_\_\_\_

### Part 2- Varicella (Effective July 1, 2011)

*If you were born before Jan. 1, 1980, you are not required to fill out Part 2 of this form.*

\_\_\_\_ 1. Date of Varicella#1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Varicella #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ 2. **OR**, Clinical diagnoses of:  
Varicella: Year: \_\_\_\_\_

\_\_\_\_ 3. **OR**, Laboratory proof of immunity:  
Varicella Year: \_\_\_\_\_ Titer: \_\_\_\_\_

\_\_\_\_ 4. **OR**, Medically contraindicated (allergy, pregnancy, other). Please attach provider's statement regarding medical condition.

\_\_\_\_ 5. **OR**, I affirm under penalty of perjury that I have not and/or will not obtain(ed) vaccinations because it conflicts with my religious practices.

Signature \_\_\_\_\_

**Health Care Provider:** Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_



**Student Health Services  
Ellington Building, Room 104**

Welcome to Austin Peay State University!

The state of Tennessee requires that all first-time, transfer, readmit and graduate students entering institutions of higher learning provide proof of two immunizations with measles, mumps, rubella (MMR), and varicella (chickenpox). The law further states that a student will not be allowed to register for classes until this requirement is met.

**This certificate of immunization, on the opposite side of this form, must be completed and signed by a licensed health care provider and returned to**

Austin Peay State University  
Student Health Services Office  
Box 4655  
Clarksville, TN 37044

OR

Fax: 931-221-7388

**This certificate of immunization must be completed before you register for classes.**

If you have any questions about immunization requirements, campus health services provided, or other health related matters, please visit the Student Health Services website at <http://www.apsu.edu/healthservices>. You may also contact the Student Health Services Office at [nelsonl@apsu.edu](mailto:nelsonl@apsu.edu) or 931-221-7107.

Warmest Regards,

Student Health Services Staff



