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.

NEW INCOMING STUDENTS RESIDING IN ON-CAMPUS HOUSING, WHO ARE LESS THAN 22 YEARS OF AGE, MUST HAVE DOCUMENTATION OF HAVING RECEIVED A MENINGOCOCCAL VACCINE WITHIN THE PAST 5 YEARS TO LIVE ON CAMPUS.

Please upload this completed form to the APSU online portal: peayhealth.apsu.edu

For additional questions, call 931-221-7107.

Name _____ **Date of Birth _____**

Address _____ **Student I.D 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. ***FORM MUST BE NOTARIZED OR HAVE ATTACHED NOTARIZED LETTER.***

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. If you graduated from a TN high school in 2016 or after 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. ***FORM MUST BE NOTARIZED OR HAVE ATTACHED NOTARIZED LETTER.***

OVER

Part 3 - MENINGOCOCCAL (effective July 1, 2013) ON CAMPUS HOUSING STUDENTS ONLY

If less than 22 years of age and residing in on-campus housing, a single dose of MCV4 must have been administered within the past 5 years.

_____ 1. Date of Meningitis____/____/_____ (within the last 5 years to be current).

_____ 2. **OR,** medically contraindicated (allergy, pregnancy, other). Please attach provider's statement regarding medical condition.

_____ 3. **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. ***FORM MUST BE NOTARIZED OR HAVE ATTACHED NOTARIZED LETTER.***

STUDENTS UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION

IF STUDENT IS UNDER THE AGE OF 18 AT TIME OF CLASS REGISTRATION, THE HEP/MEN HEALTH HISTORY FORM MUST BE SIGNED BY A PARENT AND TURNED IN TO HEALTH SERVICES. IF LIVING ON CAMPUS, THE HEP/MEN FORM MUST ACCOMPANY PROOF OF MENINGITIS VACCINATION WITHIN THE LAST 5 YEARS.

INTERNATIONAL STUDENTS

INTERNATIONAL STUDENTS MUST COMPLY WITH ALL IMMUNIZATION POLICIES PRIOR TO REGISTERING FOR CLASSES, BUT MUST ALSO TURN IN PROOF OF FREEDOM OF TB BY LETTER FROM PHYSICIAN, OR NEGATIVE TB TESTING OR CHEST X-RAY WITHIN 3O DAYS OF 1ST DAY OF CLASS.

TB TEST: DATE _____ RESULTS _____ OR

CHEST XRAY: DATE _____ RESULTS _____ OR

ATTACHED LETTER FROM PHYSICIAN STATING TB FREE

THIS FORM MUST BE COMPLETED AND SIGNED/STAMPED BY A MEDICAL PROVIDER OR OFFICE.

Health Care Provider: **Provider Name: _____**

Signature: _____

Address: _____ **Phone: _____**

STUDENT NAME: _____ **A#:_____**