

CERTIFICATE OF IMMUNIZATION

Name _____

Birth Date _____

Immunizations refused because of religious objections.

Student checks here, signs and dates the form, and **attaches a notarized statement.**

Part I (REQUIRED FOR REGISTRATION): Measles, mumps, and rubella immunization. Must meet one of the following criteria.

Born before 1957, therefore, is exempted from requirement.

Health Care Provider must complete the sections below.

Medically contraindicated because of pregnancy, allergy to the vaccine, etc. List reason(s) _____

Received two doses of MMR vaccine.

Dose 1 of MMR vaccine (month/day/year) ____/____/____

Dose 2 of MMR vaccine (month/day/year) ____/____/____

Blood serology test (titer test) for measles, mumps, rubella shows immunity.

Date of test (month/day/year) ____/____/____

Part II (REQUIRED FOR REGISTRATION): Varicella (chicken pox) immunization. Must meet one of the following criteria.

Born before 1980, therefore, is exempted from requirement.

Health Care Provider must complete the sections below.

History of varicella (chicken pox) verified by a health care provider.

Date of the disease (month/year) ____/____

Medically contraindicated because of pregnancy, allergy to the vaccine, etc. List reason(s) _____

Received two doses of varicella (chicken pox) vaccine, at least 28 days apart.

Dose 1 of varicella vaccine (month/day/year) ____/____/____

Dose 2 of varicella vaccine (month/day/year) ____/____/____

Blood serology test (titer) shows immunity to varicella (chicken pox).

Date of test (month/day/year) ____/____/____

Part III Tetanus-Diphtheria. Complete the section that applies.

Complete primary series of tetanus-diphtheria immunization (month/year) ____/____

Tetanus-diphtheria booster within last ten years (month/year) ____/____

HEALTH CARE PROVIDER: Signature (or stamp) _____

Address _____

Phone _____

City, State _____

Date _____

Signature of Student _____ Date _____

Return Forms to: Tennessee State University
Student Health Services
3500 John A. Merritt Boulevard
Nashville, TN 37209

Phone: (615) 963-5291
Fax: (615) 963-5084