

UTC IMMUNIZATION CHECKLIST

Please give this form your **immediate attention** so that you do not encounter unnecessary delays when you register. If you have applied for admission into the University but have not received confirmation **DO NOT** submit this form. Please submit it once you have received confirmation of acceptance and received a student ID (ABC123). We look forward to your joining us at University Tennessee at Chattanooga.

- All student information complete in Part 1? You must have something in every space.
 - You must have at least one box checked in and any associated date(s) filled in for Part 2.
 - If you requested an allergy or religious exemption in Part 2, you must provide a legible official doctors or clergy statement with this form.
 - Make sure your name is printed clearly on the top of pages 3 and 4.
 - You must have at least one box checked and any associated date filled in for Parts 3 and 4.
 - Make sure the form is signed in Part 5.
 - Part 6 is for International Students Only.
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SUBMISSION INFO:

Once we receive your form, your hold will be removed. Please check your OneNet Account for validation. If you have submitted your form and there is still a hold on your account, please come by the Student Health Center. If you are unable to come by our office please have your form in hand and then call our office with questions.

Phone: 423-425-4453

FAX: 423-425-2266

Note: NO Cover Letter / Fax Coversheet Needed

**Mail: UTC Student Health Service
The University of Tennessee at Chattanooga
Department 6856
615 McCallie Ave.
Chattanooga, TN 37403**

THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA CERTIFICATE OF IMMUNIZATION

IMMUNIZATION STATUS

All students born after 1956 are required to submit documentation of 2 MMR immunizations unless contraindicated by a medical condition, laboratory proven documentation of immunity or contraindicated due to religious beliefs (Since all Tennessee High Schools have required proof of MMR immunization, graduation from Tennessee high school 1999 or after is considered proof of immunization).

PART 1 - STUDENT INFORMATION

Student's Name: _____
Last First Middle

Date of birth (mm / dd / yyyy) : _____ Starting at UTC in: Fall Spring Summer Year: _____

Social Security # and/or alpha numeric UTC ID (ABC123): _____

Email Address: _____ Cell phone: _____

Note: if you (the student) don't have cell or email please put "N/A" in space.

PART 2 - MMR (Mumps Measles Rubella) IMMUNIZATION STATUS

Check appropriate box: (only one box may be checked)

- I (The Student) have graduated from a **Tennessee** High School after 1999
- I have received 2 doses of the MMR Vaccine (must provide dates)
Date of Dose #1 (mm/yyyy): _____
Date of Dose #2 (mm /yyyy): _____
- I have a blood test (Mumps Measles Rubella Titer) that confirms my immune status.
Date of Test (mm / yyyy): _____
- Medically contraindicated because of medical condition (i.e. allergy to vaccine, pregnancy, etc.) You must **attach** an official doctor's (MD, DO) statement supporting this allergy.
Must list reason(s): _____
- I was born before 1956.
- Waiver** - I refuse immunization because of religious objections, **have attached an official clergy statement**, and affirm this reason under the penalties of perjury. Therefore, I voluntarily agree to release, discharge, indemnify and hold harmless the State of Tennessee, UTC, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury or death that might result from any Mumps, Measles, or Rubella infection and or its complications, and my non-compliance with the law.

PART 3 - HEPATITIS B IMMUNIZATION STATUS

The state of Tennessee also requires that students attending a university provide the institution with proof of Hepatitis B vaccination and or immunity. Hepatitis B is a series of three vaccines. If a student has not been vaccinated against Hepatitis B or has not begun the series, he/she **MUST** sign a waiver stating that he/she has not received the vaccine. In accordance with the medical authorities, UTC strongly recommends immunization against Hepatitis B.

Check appropriate box:

- I have received **all** 3 doses of the Hepatitis Vaccine (must provide dates)
Date of Dose #1 (mm / yyyy): _____
Date of Dose #2 (mm / yyyy): _____
Date of Dose #3 (mm / yyyy): _____
- I have immunity, as proven by a “reactive” Hepatitis B surface antigen titer (must provide date)
Date of Test (mm / yyyy): _____
- **Waiver** - I have read the attached Hepatitis information notice* detailing the risks of this disease and I do not wish the Hepatitis B vaccine. I voluntarily agree to release, discharge, indemnify and hold harmless the State of Tennessee, UTC, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury or death that might result from any Hepatitis B infection and or its complications, and my non-compliance with the law.

* This information/notice is also available at <http://www.cdc.gov/hepatitis>

PART 4 - MENINGOCOCCAL (MENINGITIS) IMMUNIZATION STATUS

On October 20, 1999, the CDC’s Advisory Committee on Immunization Practices (ACIP) voted to recommend that college students, particularly freshmen living in dormitories and residence halls, be educated about meningitis and the benefits of vaccination. The panel based its recommendations on recent studies showing that college students, particularly freshmen living in dormitories, have a six-fold increased risk for meningitis. The recommendation further states that information about the disease and vaccination is appropriate for other undergraduate students who also wish to reduce their risk for the disease. The state of Tennessee requires our institution to provide students with information concerning meningococcal disease and the available vaccine. After this information is reviewed, the student must sign a waiver form if he/she is a resident in on-campus student housing. Please review the following information carefully and sign the waiver below. Meningitis is a rare but potentially fatal bacterial infection. The disease is expressed as either meningococcal meningitis, an inflammation of the membranes surrounding the brain and spinal cord or meningococemia, the presence of bacteria in the blood. Meningococcal disease is transmitted through the air via droplets of respiratory secretions and direct contact with an infected person. Direct contact for these purposes is defined as oral contact with shared items such as cigarettes or drinking glasses or through intimate contact such as kissing. When it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death. Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease. A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States – types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among college students. The vaccine is 85% to 100% effective in preventing the previously listed types of bacteria. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site. After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

Check appropriate box:

- I have received a dose of the Meningitis Vaccine. (must provide date)
Date of Dose #1 (mm / yyyy): _____
- I am NOT a resident of ON-CAMPUS housing.
- Waiver** - I will be living in on-campus housing and have read the above meningitis information* detailing the risks of this disease and I do not wish the meningitis vaccine. I voluntarily agree to release, discharge, indemnify and hold harmless the State of Tennessee, UTC, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury or death that might result from any meningitis infection and or its complications, and my non-compliance with the law.

* This information/notice is also available at http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm

PART 5 - SIGNATURE

I certify under the penalty of law that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of delay or denied admission to UTC, other fines, holds and/or punishments.

Signature of student: _____ Date: _____

AND IF UNDER THE AGE OF 18:

Signature of parent/guardian: _____ Date: _____

Printed Name: _____

Relationship to student: Parent Legal Guardian

Remember signature of parent or guardian required only if student under 18 years of age

PART 6 – TUBERCULOSIS SKIN TEST Mantoux/PPD

(FOR INTERNATIONAL STUDENTS ONLY)

- I have had a NEGATIVE Mantoux/PPD TB Skin Test in the last 6 months
Date of test (mm / yyyy): _____
- I have had a POSITIVE Mantoux/PPD TB Skin Test and a NEGATIVE Chest X-Ray in the last 6 months .
Date of Last Chest Xray (mm / yyyy): _____
- I have had been treated for TB Date and Duration of Treatment:
- I have had BCG Vaccine Date of Last BCG: _____