

**THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA  
UNIVERSITY HEALTH SERVICES  
CERTIFICATE OF IMMUNIZATION**

**INSTRUCTIONS:** This form must be completed in order to register for classes at The University of Tennessee at Chattanooga. The health care provider's signature or stamp must be provided in the appropriate space.

**RETURN TO:** The University of Tennessee at Chattanooga, Department 1951, 615 McCallie Avenue, Chattanooga, TN 37403 or FAX to (423) 425-5357.

**IMMUNIZATION STATUS**

All students born after 1956 are required to submit documentation of two MMR immunizations unless contraindicated by a medical condition documented by a physician's statement, laboratory proven documentation of immunity supplied by a health care provider or contraindicated due to religious beliefs (must be accompanied by a signed statement of refusal). Since all Tennessee high schools have required proof of MMR immunization, graduation from a Tennessee high school in 1999 or after is considered proof of immunization. Students are also required to provide information regarding immunization against meningococcal disease and Hepatitis B. Please see the reverse side of this form for details.

VACCINE	DATE GIVEN	HEALTH CARE PROVIDER'S SIGNATURE
MMR (Measles, Mumps, Rubella) **Required**	Dose #1 _____ Dose #2 _____	
HEPATITIS B Series of 3 doses Proof of Waiver Required **See Reverse Side of Form**	Dose#1 _____ Dose#2 _____ Dose#3 _____	
MENOMUNE (Meningococcal vaccine) Waiver Required **See Reverse Side of Form**	Date: _____	
TETANUS (Recommended within last 10 years)	Date: _____	

- I certify that I was born in or before 1956; therefore I am exempt from the required MMR immunization. (Attach copy of driver's license or birth certificate.)
- I certify that I graduated from a Tennessee high school in or after 1999; therefore I am exempt from the required MMR immunization.
- I have attached a physician's statement documenting medical contraindication or immunity.
- I have attached a signed statement from my religious leader of refusal secondary to religious objections.

NAME: _____	ID# _____
(Last) (First) (MI)	
Date of Birth (M/D/Y): _____	Entrance Date: Semester _____ Year _____

**I currently have health insurance. Please check the box that applies.**     Yes     No

**COMPLETE REVERSE SIDE**

## VACCINE INFORMATION/WAIVER FORM

### Meningococcal Disease

On October 20, 1999, the CDC's Advisory Committee on Immunization Practices (AICP) 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 recommendation on recent studies showing that college students, particularly freshmen living in dormitories, have a sixfold 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. The vaccine is available in University Health Services.

**Please check the appropriate box and sign below.  
If the student is under the age of 18, a parent/guardian must sign.**

- I am not a resident of on-campus housing.
- I am a resident of on-campus student housing and have received information on meningococcal disease and the available vaccine. The information provided allowed me to make a responsible decision concerning vaccination. I understand the risks associated with the disease and the effectiveness and availability of the vaccine.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Or if under the age of 18:

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

### Hepatitis B

The State of Tennessee also requires that students attending a university provide the institution with proof of Hepatitis B vaccination. 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 AICP, University Health Services strongly recommends immunization against Hepatitis B. The vaccine is available at University Health Services.

- I have received or have begun the Hepatitis B vaccination series.
- I have chosen not to be vaccinated against Hepatitis B at this time.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Or if under the age of 18:

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Written material on meningococcal disease, Hepatitis B, and the vaccines is available in University Health Services. If you have any questions, please feel free to contact us at (423) 778-9303.

**COMPLETE REVERSE SIDE**