UTC University Health Services Certificate of Immunization

Name:			UTCID
(Last)	(First)	(MI)	
Date of Birth (M/D/Y):	Primar	y Telephone: ()	-
Plan to live in on-campus ho	using? (circle one): YES	S NO	
register for classes at The Unstamp must be noted in the a	niversity of Tennessee at Chappropriate space or a copy	hattanooga. The health of medical records with	submitted, and approved in order to care provider's signature and office h evidence of immunizations must be or an alternate proof of immunity (i.e.
entered into the portal as we	ll, in order to be reviewed a sively online or in a dual-ent information or any assistan	and approved. Recognize nrollment program, me nce, please go to	

IMMUNIZATION REQUIREMENTS

Vaccine	Notations	Date of Dose	Health Care Provider Stamp
MMR ® (2 Doses) (Measles, Mumps, Rubella)	REQUIRED: Students born on or after January 1, 1957 must provide proof of immunization with two (2) doses	Dose 1	
Tuo ena)	of MMR vaccine at least 28 days apart or serology showing immunity to MMR.	Dose 2	
VARICELLA (2 Doses or Proof of	REQUIRED : All students born on or after January 1, 1980 must provide proof of immunity to Varicella	Dose 1	
Disease)	(chickenpox). This requirement can be met by submitting documentation of two doses of the Varicella	Dose 2	
(Varivax ®) (Chicken Pox)	vaccine given at least 28 days apart, medical records from a healthcare provider confirming a previous diagnosis of the illness, or a positive blood test (serology titer) showing immunity. Supporting documentation must be uploaded.	or Date of Illness:	
		or Titer Result:	
Meningitis MCV4 ACWY (Menactra®, Menveo®, or Menquadfi®) Off Campus Housing Waiver – please see page 3 of your immunization form	REQUIRED: New incoming students who are younger than 22 years of age and who will live in on-campus housing must provide proof of receiving a dose of quadrivalent conjugate vaccine (MCV4 protects against strains: A, C, Y, W135) at greater than or equal to 16 years of age. Any student not living on campus who has not received a dose of quadrivalent conjugate vaccine within the past five years may choose to be vaccinated to reduce the risk of meningococcal disease. Students who are living off campus must sign the Meningitis Off-Campus Housing Waiver.	Dose(16 yrs or older)	

IMMUNIZATION RECOMMENDATIONS

Tetanus or TdaP (Adacel® or Boostrix®)	RECOMMENDED within last 10 years. Tetanus vaccine can help prevent tetanus disease, commonly known as "lockjaw", a serious disease that causes painful tightening of the muscles, usually all over the body, especially the jaw. This vaccine is recommended, not required. Tdap also contains protection from	□ Tetanus □ TdaP Dose
	Pertussis (whooping cough).	
Hepatitis B ® (Series of 3 doses)	RECOMMENDED: Students may upload documentation and input dates of Hepatitis B vaccinations. For more information about the Hepatitis B vaccine, please refer to the Centers for Disease	Dose 1
	Control and Prevention website. Proof of a complete Hepatitis B immunization series (either a three-dose regimen or a two-dose adult regimen) and a positive	Dose 2
	titer may be required for students in certain Health Science programs. Please check with your specific program for verification.	Dose 3
COVID-19	RECOMMENDED: Students may upload documentation and input dates of COVID dosing. For information on COVID, please refer to the Centers for	Dose 1
	Disease Control and Prevention website.	Dose 2
Hepatitis A	RECOMMENDED: Students may upload documentation and input dates of Hepatitis A dosing. For information on Hepatitis A, please refer to the	Dose
	Centers for Disease Control and Prevention website.	Dose 2
Meningococcal Serogroup B (Bexsero® or Trumemba®)	RECOMMENDED: Students may upload documentation and input dates of Meningitis B dosing. For information on Meningitis B, please refer to the Centers for Disease Control and Prevention website.	Dose 1
		Dose 2
Human Papillomavirus (HPV)	RECOMMENDED: Students may upload documentation and input dates of HPV dosing. For information on HPV, please refer to the Centers for	Dose 1
	Disease Control and Prevention website.	Dose 2
		Dose 3

MENNINGITIS OFF- CAMPUS HOUSING WAIVER

Student First Name:	Student Last Name:
UTC ID:	<u> </u>
Please note: All signatures on this waive	er need to be written signatures and not typed.
Meningococcal Disease	
residing in on campus housing, must have 16 years of age. I understand that I may whousing. I have read and understand the f disease is a serious bacterial illness. It is a in the United States. Meningitis is an infe disease also causes blood infections. Abo Even when they are treated with antibioticlose their arms or legs, have problems with Anyone can get meningococcal disease, but 1621 years. People with certain medical comeningococcal disease. College freshmer	new incoming students, who are less than 22 years of age, who will be the documentation of a dose of conjugate vaccine at greater than or equal to waive this requirement as a student who is not a resident of on campus collowing information about meningococcal disease: Meningococcal a leading cause of bacterial meningitis in children 2 through 18 years old extion of the covering of the brain and the spinal cord. Meningococcal but 1,000 – 1,200 people get meningococcal disease each year in the U.S. ics, 10-15% of these people die. Of those who live, another 11%-19% th their nervous systems, become deaf, or suffer seizures or strokes. But it is most common in infants less than one year of age and people conditions, such as lack of a spleen, have an increased risk of getting in living in dorms are also at increased risk. Meningococcal infections can still, many people who get the disease die from it, and many others are
□ I am not a resident of on-campus housing	ng.
Signature of Student:	Date:
If the student is under age 18, a parent/gu	ardian must also sign the waiver.
Signature of Parent:	Date:
Drinted Name of Donants	Data