



Immunization Record

All Graduate Students Must Complete Parts A & B

Name _____ Date of Birth _____ Phone # _____

Address _____ e-mail _____

A. MEASLES, MUMPS, AND RUBELLA

1) Combined Shot (Date Given): MMR #1 ___/___/___ MMR #2 ___/___/___

2) Has immune Rubeola titer Date: ___/___/___ Results _____

The state of Tennessee requires all students, born after January 1, 1957, entering colleges and universities to provide proof of two (2) doses of Measles, Mumps, and Rubella (MMR) vaccine on or after the first birthday or proof of immunity to measles. **IF YOU WERE BORN BEFORE JANUARY 1, 1957 YOU ARE EXEMPT FROM THIS REQUIREMENT.**

Signature of Physician/Provider _____ Date _____

Name of Physician/Provider _____

Address _____

See attached copy of Immunization record

B. HEPATITIS B (HBV) immunization: Recommended for all new students and required for students in the School of Nursing. Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to provide lifelong immunity in most cases. Union University Health Services, located on the Jackson Campus, is open Monday – Friday 8 a.m.-4p.m. and offers Hepatitis B vaccine for \$64 per injection (price subject to change). **THE LAW DOES NOT REQUIRE THAT STUDENTS RECEIVE VACCINATION FOR ENROLLMENT. THE LAW DOES REQUIRE THAT A COPY OF THIS SIGNED FORM BE TURNED IN TO UNION UNIVERSITY HEALTH SERVICES.**

____ I decline receipt of vaccine to protect for Hepatitis B.

____ I have received or plan to receive the complete three dose series of the Hepatitis B vaccine.

Student Signature Required _____

I refuse immunization because of religious objections, have attached an official clergy statement, and affirm this reason under the penalties of perjury.

Signature _____ Date _____

**Return to: Your Program Coordinator, 2745 Hacks Cross Road, Germantown, TN 38138-7507
Contact Information: 901-759-0029, Fax 901-759-1197**