



IMMUNIZATION RECORD

HEALTH SERVICES

Parts A & B are required for all students. Part C is required for all residents. Part D is required for all nursing and pharmacy students.

Name _____ Date of Birth _____ Phone # _____

Address _____ Email _____

A. MEASLES, MUMPS, AND RUBELLA

Attach copy of Immunization record showing two (2) doses of Measels, Mumps & Rubella (MMR) vaccine

OR

Attach copy of immune MMR 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 with an MMR titer (blood test).

OR

Provide proof of attendance at a Tennessee public high school since 2001.

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 \$70 per injection (price subject to change).

I decline receipt of vaccine to protect for Hepatitis B.

I have received the complete three dose series of the Hepatitis B vaccine.

I plan to receive the Hepatitis B series.

Student Must Sign Here _____ Date _____

C. MENINGITIS VACCINE:

Recommended for all students living in campus housing _____ Living Off Campus

College students, especially freshman living in residence halls, are at an increased risk for contracting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma, and even death within a short period of time. Immunization can prevent up to 80% of meningococcal meningitis in young adults. The vaccine is safe and effective against 4 of the 5 types of bacteria responsible for meningococcal meningitis in the United States and for the majority of the cases in the college age population. Protection lasts approximately 8 years. Union University Health Services is open Monday -Friday, 8 a.m.-4 p.m. and offers the meningitis vaccine for \$100 (price subject to change).

I decline receipt of vaccine for meningococcal meningitis.

I have received or plan to receive the meningococcal meningitis vaccine. Meningitis Vaccine (Date Given) ___/___/___

I plan to receive the meningococcal meningitis vaccine.

Student Must Sign Here _____ Date _____

D. VARICELLA:

NOTE: Proof of Varicella IgG Titer is **only required for students in the School of Nursing or School of Pharmacy.**

Varicella IgG Titer Date ___/___/___ Results _____

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: Health Services, 1050 Union University Drive, Box 1806, Jackson, TN 38305

Contact information: 731-661-5284, Fax 731-661-5499, e-mail: swren@uu.edu