



IMMUNIZATION RECORD

HEALTH SERVICES

All graduate students must complete parts A-C.

Name _____ Date of Birth _____ Phone # _____

Address _____ Email _____

A. MEASLES, MUMPS, AND RUBELLA (check one)

- ☐ Attach copy of Immunization record showing two (2) doses of Measles, Mumps, and Rubella (MMR) vaccine.
- ☐ 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 a MMR titer (blood test).
- ☐ I was born prior to 1957.

B. VARICELLA OR "CHICKENPOX" (check one)

- ☐ Attach copy of Immunization record showing two (2) doses of varicella vaccine.
- ☐ Attach copy of immune varicella titer Date: __/__/__ Results _____
- ☐ Attach a letter from health care provider stating that he/she believes student has had chicken pox. Year of illness ____
The state of Tennessee requires all students, born after January 1, 1980, entering colleges and universities to provide proof of two (2) doses of varicella (chickenpox) vaccine given no earlier than 4 days before first birthday or proof of immunity to varicella with a varicella IgG (titer) blood test.
- ☐ I was born prior to 1980.

C. HEPATITIS B (HBV) IMMUNIZATION

The Hepatitis B vaccine is recommended for all new students. 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.

- ☐ 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** _____

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

Signature _____ Date _____

Master of Science in Biology | Attn: Dr. Marc Lockett-Box 1914
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