

## Emmanuel Christian Seminary **Proof of Immunization Record**

**NOTICE**: To comply with the **State of Tennessee Department of Health regulations**, <u>all</u> students must provide proof of immunization as requested per this form. **Failure to provide proof of immunization will result in not being allowed to attend class, and/or have access to campus housing.** 

	Section A: Student Information	n and L	loolth Inguran						
Full Name:	Section A: Student information		rthdate:						
			BI	Tilluate					
Address:									
City/State/Zip:									
Email:									
Primary Phone Contac	ot:		□ Cell □ Work	□ Home □ Other					
Secondary Phone Contact:			□ Cell □ Work □ Home □ Other						
Month and Year of Entry:			□ Full-time □ Graduate	□ Part-time □ Undergraduate					
Health Insurance Com	pany:			·					
Policy Holder Name:				Policy #:					
	Section B: Notice of Required and F	Recomr	mended Vaccii	nations					
Required (All Full-Time Students)				commended					
MMR Varicella			F	Hepatitis B Polio					
Meningococcal (if under age 22 and living on campus)			·	DTaP, DT, Tdap					
			Meningococ	cal (if living on campus)					
on-campus housing must a factors and dangers of each diseases. The information For more information about www.cdc.gov/health/defauthepatitis B (HBV) is a ser disease is transmitted by b for hepatitis B are sexual a age groups. A series of thr	he Hepatitis B infection to all students entering the also be informed about the risk of meningococcal menth disease as well as the availability and effectiveness concerning these diseases is from the Centers for Dist these diseases and vaccines, please contact your load. It.htm. All students are required to respond to the lious viral infection of the liver that can lead to chronic allood and/or body fluids, and many people will have not citivity and injection drug use. This disease is complete en acquired. The HBV vaccine has a record of safety and acquired. The HBV vaccine has a record of safety and injection the liver that can lead to chronic allowed and injection drug use.	ningitis infe s of the res sease con ocal health statemer liver disease o sympton tely prever ction. Miss	ection. The required spective vaccines for trol (CDC) and the locare provider or visits below and signate, cirrhosis, liver as when they developed with the Hepsed doses may still	d information below includes the risk for persons who are at risk for the American College Health Association. sit the CDC website at naccordingly.  cancer, liver failure, and even death. The lop the disease. The primary risk factors patitis B vaccine which is available to all I be sought to complete the series if only					
I hereby certify that	I have read this information about Hepatitis B (HBV) a	and <b>have</b>	elected not to rec	eive the Hepatitis B vaccine.					
I hereby certify that	I read this information and have received the initial of	dose of t	he Hepatitis B vac	ccine on/					
Meningococcal Disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococcemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention and treatment is required to avoid serious illness and/or death. There are five different subtypes (serogroups) of the bacterium that cause Meningococcal Meningitis. The current vaccine does not stimulate protective antibodies to Serogroups B, but it does protect against the most common strains of the disease including serogroups A, C, Y, and W-135. The duration of protection is approximately three to five years. The vaccination is very safe. Adverse reactions are mild and infrequent consisting primarily of redness at the injection site lasting up to two days. The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) recommends that college freshman (particularly those who live in dormitories or residence halls) be informed about meningococcal disease and the benefits of vaccination and that those students who wish to reduce their risk for disease may choose to be vaccinated.  I hereby certify that I have read this information and have elected not to receive the Meningococcal Meningitis vaccine.									
	I have read this information and have received the M								
	Thave read this information and liave received the W	neminguc	occar mennigitis V						
Student Signature:				Date:					
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## Emmanuel Christian Seminary **Proof of Immunization Record**

Student Name:			Birthdate:							
	Section	C: Proof o	f Immuniza	ntion						
NOTICE: To be completed and signe	d by the <b>Hea</b> l	thcare Provi	<b>der</b> , or attacl	n an officia	al copy o	-				
Vaccine	Date (mm/dd/yy)	Date (mm/dd/yy)	<b>Date</b> (mm/dd/yy)	Total Doses	Sero Posi (mm/de	logy	f vaccination Disease History (mm/yy)	Medical Exemption		
MMR (Born after 1956, 2 doses OR + serology) Measles Mumps Rubella  Varicella (Born after 1979, 2 doses OR + serology OR history of chicken pox )  Meningococcal (MCV4) (1 Dose on or after 16 <sup>th</sup> birthday if under age 22)										
Hepatitis B (3 doses; Required for students in health science prior to patient care.)  Polio (Primary series)  Tetanus (DPT, DTap, DT, Tdap; with TD booster within 10 years)  Tuberculosis SCREENING for International Students ONLY: Required to be done in the U.S. within the past 12 months.  PPD placement, IGRA testing, x-ray, and appropriate treatment as deemed necessary by the Health Department or physician.  A history of disease or BCG vaccination should not preclude testing of a member of a high risk group.  Screening Assessment (REQUIRED):										
Healthcare Provider Name:						Phone:				
Address:				City/Sta	te/Zip:					
Healthcare Provider Signature:						Date:				
Section D: Religious Exemption  NOTICE: Must be notarized if you decline required vaccinations due to religious beliefs and practices.  I understand that under Tennessee Law and/or Milligan College policy, newly enrolled traditional students are required to either be vaccinated against the below stated diseases or to obtain a medical or religious waiver from this law and/or policy. I have reviewed the CDC website information regarding the indicated immunizations at: <a href="http://www.cdc.gov/vaccines/pubs/vis/default.htm">http://www.cdc.gov/vaccines/pubs/vis/default.htm</a> and understand the possible risks of not receiving immunizations include: becoming infected with the disease, death, transmitting vaccine-preventable disease to others, exclusion from school or house quarantine during an outbreak.  The following indicated immunization(s) is (are) prohibited by my religious beliefs and practices:    Measles										
Student Signature		)ate	If un	der 18, Pare	ent/Guar	dian Signat	ture	Date		
NOTARY PUBLIC:	NOTARY S			-						
			" " TAIL S							
Date Commission Expires:										

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P.O. Box 550

Milligan College, TN 37682