

In compliance to **State of Tennessee Department of Health regulations**, <u>AL</u>L students must complete and sign Sections A and B; all full-time students and students living on campus must have their healthcare provider complete and sign Section C. **Failure to provide proof of immunization will result in** <u>not being allowed to attend classes</u>. <u>New undergraduates will not be assigned housing until the completed form is received</u>.

Section A	A: Student Information ar	nd Health Insurance	
Full Name:		Birthdate:	
Address:			
City/State/Zip:			
Email:			
Primary Phone Contact:		Cell Home Other	
Secondary Phone Contact:		□ Cell □ Home □ Other	
Month and Year of Entry:	Statu	s: Dest time Dest line	
Health Insurance Company:		Secial Admis Beneficial Admis	ssion
Policy Holder Name:		Policy #:	
·			
	3: Required and Recommo		
Required Full-time students and any student	nt living on campus	Recommended Hepatitis B	
Varicella		Polio	
Meningococcal (if under age 22 <u>and</u> livin	ng on campus)	DPT, DTaP, DT, Tdap Meningococcal (if living on campu	
diseases. The information concerning these diseases For more information about these diseases and vac www.cdc.gov/health/default.htm. ALL STUDENTS Hepatitis B (HBV) is a serious viral infection of the disease is transmitted by blood and/or body fluids, a for hepatitis B are sexual activity and injection drug age groups. A series of three (3) doses of vaccine a one or two doses have been acquired. The HBV vac I hereby certify that I have read this informate I hereby certify that I read this information ar Meningococcal Disease is a rare but potentially fa brain and spinal cord) or meningococcemia (bacter responsible for about 300 deaths annually. The dise and without warning. Rapid intervention and treatm of the bacterium that cause Meningococcal Mening protect against the most common strains of the dise	ccines, please contact your local h are required to respond to the s liver that can lead to chronic liver and many people will have no sym use. This disease is completely p are required for optimal protection. accine has a record of safety and is tion about Hepatitis B (HBV) and h and have received the initial dose atal bacterial infection, expressed a ia in the blood). Meningococcal dis ease is spread by airborne transm thent is required to avoid serious illr jitis. The current vaccine does not	ealthcare provider or visit the CDC website at tatements below and sign at the bottom. disease, cirrhosis, liver cancer, liver failure, and aptoms when they develop the disease. The preventable with the Hepatitis B vaccine which. Missed doses may still be sought to complete the solution of the solution of the membrane of the Hepatitis B vaccine on as either meningitis (infection of the membrane sease strikes about 3,000 Americans each year ission primarily by coughing. The disease can be so and/or death. There are five different sub stimulate protective antibodies to Serogroups	nd even death. The rimary risk factors is available to all e the series if only cases. <b>vaccine.</b> es surrounding the ar and is onset very quickly types (serogroups) B, but it does
	ractices (ACIP) of the Centers for I or residence halls) be informed all r disease to be immunized. Any ur tion and <b>have elected not to rece</b>	Disease Control and Prevention (CDĆ) recomi bout meningococcal disease and the benefits	mends that college of vaccination and ir risk for disease
Student signature:		Date <sup>.</sup>	
Parent/Guardian signature if student under age 18:		Date:	



Birthdate:

Student Signature:

## Section C: Proof of Immunization

NOTICE: To be completed and signed by the Healthcare Provider or attach an official copy of your immunization records.

						In lieu of vaccination		
	Vaccine	Date (mm/dd/yy)	Date (mm/dd/yy)	Date (mm/dd/yy)	Total Doses	Serology Positive (mm/dd/yy)	Disease History (mm/yy)	Medical Exemption
	MMR (Born after 1956, 2 doses OR + serology)							
	Measles							
ed	Mumps							
uir	Rubella							
Required	<b>Varicella</b> (Born after 1979, 2 doses OR + serology OR credible history of chicken pox)							
	Meningococcal (ACWY/MCV4) (1 Dose on or after 16 <sup>th</sup> birthday if under age 22)							
Recommended	Hepatitis B (3 doses: Required for students in health science prior to patient care.)							
mme	Polio (Primary series)							
Reco	T <b>etanus</b> DPT, DTap, DT, Tdap (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):	Low Risk	High Risk (additional testing requ	ired)		
<b>PPD Test:</b> Date Given://	Date Test Read:	// Result:	mm.	Positive	Negative
Chest X-ray (required for positive test):	Positive   Negative	Date/duration of treatment:			

Healthcare I	Provider Name:		Phone:		
Address:			City/State/Zip:		
Healthcare	Provider Signatur	:		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 University 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	Mumps	🗆 Ruhella	Varicella	Meningococcal	Hepatitis B series

Student Signature	Date	If under 18, Parent/Guardian Signature	Date
NOTARY PUBLIC:		NOTARY SEAL:	
Date Commission Expires:			
Sworn and subscribed before this day of	, 20		