



Certification of Immunization (MMR)

Student's name _____ Social Security number _____

THE STATE OF TENNESSEE, AS OF MAY 1, 1999, REQUIRES STUDENTS ENTERING COLLEGES, UNIVERSITIES, AND TECHNICAL INSTITUTES TO HAVE PROOF OF TWO DOSES OF MEASLES, MUMPS, AND RUBELLA (MMR) VACCINES. IF YOU ARE A PART-TIME STUDENT AT PELLISSIPPI STATE, YOU ARE NOT REQUIRED TO SHOW PROOF OF MMR IMMUNIZATION.

PART I (TO BE COMPLETED BY STUDENT)

Proof of MMR immunization is not required for the following reason:

- I plan to enroll as a part-time student, or I am currently a part-time student.
- I graduated from a Tennessee public or private high school in 1999 or after.
- I attended a Tennessee public or private high school in 2001 or after.
- I was born prior to January 1, 1957.

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW AND TURN THE PAGE.

PART II (TO BE COMPLETED BY STUDENT)

Proof of MMR immunization is not required for the following reason:

- I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW AND TURN THE PAGE.

PART III—MMR (TO BE COMPLETED BY PHYSICIAN)

Please circle the number that applies to this patient:

1. Patient has received two doses of measles vaccination since the age of 12 months:
Month/year _____ Month/year _____
2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)

3. Patient had disease, as confirmed by medical record: Month/year _____
4. Patient is immune to disease, as confirmed by laboratory. Comment _____

ATTEST
(Must be signed by an M.D. or D.O.)

Name of physician (Please print) _____

Office telephone _____

Physician's signature _____ Date _____

Student's signature _____ Date _____

BOTH SIDES OF FORM MUST BE COMPLETED BY ALL STUDENTS

PLEASE RETURN THIS FORM TO Pellissippi State Technical Community College, Admissions and Records, P.O. Box 22990, 10915 Hardin Valley Rd., Knoxville, TN 37933-0990, fax: 865.539.7217. Call 865.694.6400 with questions.



Certification of Immunization (Varicella)

Student's name _____ Social Security number _____

THE STATE OF TENNESSEE, AS OF JULY 1, 2011, REQUIRES THAT ANY NEW FULL-TIME STUDENT OF AN INSTITUTION WITH MORE THAN 200 STUDENTS PRESENT PROOF OF TWO DOSES OF THE VARICELLA VACCINE, LABORATORY EVIDENCE OF IMMUNITY OR A HISTORY OF VARICELLA DISEASE FROM A HEALTH PRACTITIONER.

PART I (TO BE COMPLETED BY STUDENT)

Proof of varicella (chicken pox) immunization is not required for the following reason:

- I plan to enroll as a part-time student.
- I attended a Tennessee public high school between 1999 and May 2016. **(Must provide proof of second varicella vaccine dose.)**
- I was born prior to January 1, 1980.

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW AND TURN THE PAGE.

PART II (TO BE COMPLETED BY STUDENT)

Proof of varicella (chicken pox) immunization is not required for the following reason:

- I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW AND TURN THE PAGE.

PART III—VARICELLA (CHICKEN POX) (TO BE COMPLETED BY PHYSICIAN)

Please circle the number that applies to this patient:

1. Patient has received two doses of varicella (chicken pox) vaccination since the age of 12 months:
Month/year _____ Month/year _____
2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)

3. Patient had disease, as confirmed by medical record: Month/year _____
4. Patient is immune to disease, as confirmed by laboratory. Comment _____

ATTEST

(Must be signed by an M.D. or D.O.)

Name of physician (Please print) _____

Office telephone _____

Physician's signature _____ Date _____

Student's signature (or parent/guardian's if student is under 18) _____ Date _____

BOTH SIDES OF FORM MUST BE COMPLETED BY ALL STUDENTS

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