



Certificate of Immunization and Insurance

Name _____ SS# _____
Last First Middle Initial

Date of Birth (M/D/YY) _____ Entrance Date: Semester _____ Yr. _____

Home Address _____ Phone _____

Individual to Notify In Case of Emergency _____

Relationship _____ Phone _____

Current Health Problems _____

Medications Frequently Used _____

Allergies (Medications, Foods, Substances, etc.) _____

HEALTH INSURANCE: Please attach a copy of the front and back of any application health insurance cards.

REQUIRED IMMUNIZATIONS FOR ALL STUDENTS:

VACCINE	DATES GIVEN (M/D/Y)	PHYSICIAN'S SIGNATURE OR OFFICE STAMP
*MMR (Required)	Dose #1 _____ Dose #2 _____	
*Varicella (Required)	Dose #1 _____ Dose #2 _____ OR <input type="checkbox"/> Diagnosed History of Chickenpox	
*Meningitis Vaccine	Dose #1 _____ Dose #2 _____ REQUIRED OF ALL STUDENTS LIVING IN RESIDENCE HALLS AS OF FALL, 2015	

RECOMMENDED IMMUNIZATIONS:

*Hepatitis B	Dose #1 _____ Dose #2 _____ Dose #3 _____
TB Skin Test	Date _____ Results _____
*TDAP	Date _____
Whooping Cough (pertussis), Tetanus, & Diphtheria	
*HPV	Dose #1 _____
Human Papilloma Virus	Dose #2 _____ Dose #3 _____

***FOR ADDITIONAL INFORMATION, PLEASE SEE REVERSIDE SIDE OF THIS FORM**

ACKNOWLEDGEMENT (All Students Must Sign):

I have received and read the Tennessee Wesleyan College letter concerning required immunizations to prevent Measles, Mumps, Rubella, Varicella and Meningitis (for students living in residence halls), as well as the recommended immunizations against Hepatitis B, HPV, Whooping Cough, (pertussis), tetanus, and diphtheria. I also understand that immunization to prevent Meningitis, which is required of ALL students living in residence halls, is **recommended for ALL students**. I understand that a TB skin test is also recommended. I am aware of the risks associated with each and the options available to me with regards to vaccination. I hereby authorize Tennessee Wesleyan College and its insurance provider to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and other data covering previous confinements and/or disabilities. A copy of this authorization shall be deemed as effective and valid as the original. In the event that medical care is needed beyond the services that can be provided by Tennessee Wesleyan College personnel, I authorize local or regional hospital(s) and physician(s) to render service. I also authorize the hospital to release medical information to authorized representatives of Tennessee Wesleyan College. For students under the age of 18, parents/guardians, will be responsible for the fee for such services, and will be billed for the amount due.

Student Signature: _____ Date: _____
(student signature is required)

Parent Signature: _____ Date: _____
(if student is under the age of 18)

Please return this form to: Tennessee Wesleyan College Student Life Office | 204 East College Street | Athens, TN 37303

You may also return this form via email at studentlife@tnwesleyan.edu

The Athletic Department will require additional forms for all athletes. Those forms are available at http://twcbulldogs.com/f/Athletic_Training.php

Tennessee Department of Health Immunization Requirements for Students Enrolling in Higher Education Institutions in Tennessee after July 2011:

(Tennessee Department of Health Rule 1200-14-1-.29, revised December 2009)

Who is required to be immunized?

• New **full time** enrollees in higher education institutions (post-secondary) in Tennessee with enrollments larger than 200 students; new undergraduates enrolled in at least 12 semester hours, or equivalent; and new graduate students enrolled in at least 9 semester hours, or equivalent. **Exempt:** full time distance learning students.

REQUIRED: Measles, Mumps and Rubella Immunity:

• Proof of immunity to measles, mumps and rubella may be provided by meeting one of the following 3 criteria:

- 1) Date of birth before 1957, *or*
- 2) Documentation of **2 doses** vaccine against measles, mumps and rubella given at least 28 days apart, excluding doses given earlier than 4 days before the first birthday, *or*
- 3) Documentation of blood test (serology) showing immunity to measles, mumps **and** rubella. If any one of the three is negative, 2 doses of vaccine must be documented.

REQUIRED: STUDENTS ENROLLING JULY, 2011: Varicella (Chickenpox) Immunity:

• Proof of immunity to varicella (chickenpox) is required by meeting one of the following 4 criteria:

- 1) Date of birth before 1980, *or*
- 2) History of chickenpox illness diagnosed by a healthcare provider or verified by a physician, advanced practice nurse or physician assistant to whom the illness is described, *or*
- 3) Documentation of 2 doses of varicella vaccine given at least 28 days apart, excluding doses given earlier than 4 days before the first birthday, *or*
- 4) Documentation of blood test (serology) showing immunity to varicella.

REQUIRED: FOR STUDENTS RESIDING IN RESIDENCE HALLS ENROLLING FALL, 1015: Meningitis Immunity:

• Proof of immunity to Meningitis (2 shots).

Valid exemptions to above requirements:

• **Medical:** Physician or health department indicates that certain vaccines are medically exempted (because of risk of harm). Any vaccines not exempted remain required.

• **Religious:** Requires a signed statement by the student that vaccination conflicts with his or her religious tenets or practices.

Location of immunization records: Contact the original immunization provider: if a local health department, contact them directly; if a private medical office, contact that office. Schools may have copies of immunization certificates. Children born after the mid-1990s may have records entered in a state-managed immunization registry. If records cannot be located, vaccination is recommended – additional doses of vaccine are not harmful.

Students who do not have all required immunizations:

The new TDH rules explicitly permit conditional enrollment after the first dose of each required vaccine, if a student does not have time to complete vaccination before enrollment. However, the institution is expected to take steps (such as restricting class registration for the next semester or not releasing grades) to ensure the student provides timely documentation of complete immunization by the end of the student's first semester of enrollment. **Failure to provide complete immunization records may result in dismissal from the institution until such documentation has been provided.**

RECOMMENDED IMMUNIZATIONS:

Hepatitis B Immunity (required for health science students expected to have patient contact; recommended for others):

• Proof of immunity to hepatitis B may be documented by: 1) Documentation of 3 doses of hepatitis B vaccine, *or* 2) Blood test (serology) showing immunity to hepatitis B virus (or infection).

TDAP (Protects against Whooping Cough (pertussis), tetanus, and diphtheria

• One shot protects against all three serious diseases.

Meningitis:

Required of students living in residence halls; recommended for all others.

TB Skin Test: Also recommended.

HPV (Human Papilloma Virus):

• HPV is the most common sexually transmitted infection among men and women, so common that nearly all sexually active men and women come in contact with it at some point in their lives. HPV can cause cervical and other cancers and often takes years to develop after a person gets HPV. The vaccine is safe and effective. Students may receive free immunization at state health department up to the date of their 19th birthday. For more information about assistance programs, please go to <http://www.gardasil.com/how-to-get-gardasil/assistance-programs/>.

For more information on immunizations:

The TDH rules are online at <http://www.state.tn.us/sos/rules/1200/1200-14/1200-14.htm> (click on 1200-14-1, see rule 1200-14-1-.29). Information about new requirements also will be posted on the TDH websites (<http://health.state.tn.us/CEDS/required.htm> or <http://twis.tn.gov>). You may contact the Tennessee Immunization Program in the Communicable and Environmental Disease Services Section of TDH if you have questions: (615) 741-7247.