

**UTC Student Health Services
Certificate of Immunization**

Name: _____	UTC ID _____
(Last) (First) (MI)	
Date of Birth (M/D/Y): _____	Primary Telephone: (____) _____ - _____

INSTRUCTIONS: Immunization information must be completed, uploaded, submitted, and approved in order to register for classes at The University of Tennessee at Chattanooga. The **health care provider's signature and office stamp (with address and phone number) must be noted in the appropriate space or a copy of medical records** with evidence of immunizations must be provided. Medical exemptions documenting contraindication of vaccinations or an alternate proof of immunity (i.e. titers) may be attached.

How to Submit: Immunization forms must be uploaded to the Mediat Patient Portal. Dates must be correctly entered into the portal as well in order for them to be reviewed and approved. If you need more information or any assistance, please go to <https://www.utc.edu/student-health-services/immunizations.php>

IMMUNIZATION REQUIREMENTS

Vaccine	Requirements	Date of Dose	Health Care Provider Stamp
MMR ® (Measles, Mumps, Rubella) Required	Students born on or after January 1, 1957 must provide proof of immunization with two (2) doses of MMR vaccine at least 28 days apart or serology showing immunity to MMR.	Dose 1 _____ Dose 2 _____	
VARICELLA (<i>Varivax</i> ®) (Chicken Pox)	All students born on or after January 1, 1980 must provide proof of immunization with two doses of Varicella vaccine at least 28 days apart, serology showing immunity to Varicella or documentation from a medical facility verifying a previous diagnosis with the illness.	Dose 1 _____ Dose 2 _____ or Date of Illness: _____	
Hepatitis B ® (Series of 3 doses) <i>Waiver Option – please see page 2 of your immunization form</i>	The State of Tennessee states that all students enrolled in health care clinical courses must provide proof of immunization or documentation of serology showing immunity to Hepatitis B virus. The State of Tennessee does allow a waiver of the requirement by completing the waiver statement on page 2 of this immunization form.	Dose 1 _____ Dose 2 _____ Dose 3 _____	
Meningitis (<i>Menactra</i> ® or <i>Menveo</i> ®) <i>Off Campus Housing Waiver – please see page 2 of your immunization form</i>	A dose of conjugate vaccine protecting against strains A, C, Y & W135 (either <i>Menactra</i> ® or <i>Menveo</i> ®) is required for students greater than or equal to 16 years of age. Any student not residing on campus who has not received a dose of conjugate vaccine within the past 5 years may choose to be vaccinated to reduce the risk of meningococcal disease or must sign the off-campus housing waiver on page 2 of this immunization form.	Dose _____	
Tetanus or Tdap (<i>Adacel</i> ® or <i>Boostrix</i> ®) (Recommended within last 10 years) <input type="checkbox"/> Tetanus <input type="checkbox"/> Tdap	Tetanus vaccine can help prevent tetanus disease, commonly known as "lockjaw", a serious disease that causes painful tightening of the muscles, usually all over the body, especially the jaw. This vaccine is recommended, not required. Tdap also contains protection from Pertussis (whooping cough).	Dose _____	

VACCINE INFORMATION/WAIVER FORM

Hepatitis B

I understand that under Tennessee Law, newly enrolled students in a Tennessee Institution of higher education are required to be vaccinated against Hepatitis B or may choose a waiver from this law. In accordance with the ACIP, Student Health Services strongly recommends immunization against Hepatitis B. I understand the risks of this disease and wish to declare the following as indicated:

Signature of Student: _____ Date: _____

If the student is under age 18, a parent/guardian must also sign the waiver.

Signature of Parent: _____ Date: _____

Meningococcal Disease

I understand that under Tennessee Law, new incoming students, who are less than 21 years of age, who will be residing in on campus housing, must have documentation of a dose of conjugate vaccine at greater than or equal to 16 years of age. I understand that I may waive this requirement as a student who is not a resident of on campus housing. I have read and understand the following information about meningococcal disease: Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord. Meningococcal disease also causes blood infections. About 1,000 – 1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who live, another 11%-19% lose their arms or legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes. Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16-21 years. People with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk. Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life.

I am not a resident of on-campus housing.

Signature of Student: _____ Date: _____