UTC University Health Services Certificate of Immunization

Name:(Last)	(First)	(MI)	UTC ID	
Date of Birth (M/D/Y): Primary Telephone: ()				
Plan to live in on-campus housing? (circle one): YES NO				

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 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 Medicat Patient Portal. Dates must be correctly entered into the portal as well in order for them to be reviewed and approved. Recognized exemptions from immunizations include being enrolled exclusively online or in a dual-enrollment program, medical contraindications, and religious objections. If you need more information or any assistance, please go to https://www.utc.edu/university-health-services/immunizations.php

IMMUNIZATION REQUIREMENTS

Vaccine	Notations	Date of Dose	Health Care Provider Stamp
MMR ® (2 Doses) (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 (2 Doses or Proof of Disease) (Varivax ®) (Chicken Pox)	REQUIRED: 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 or a titer showing immunity (supporting documentation must be uploaded).	Dose 1 Dose 2 or Date of Illness: or Titer Result:	
Meningitis MCV4 ACWY (Menactra ® or Menveo ®) Off Campus Housing Waiver — please see page 3 of your immunization form	REQUIRED: New incoming students who are younger than 22 years of age and who will live in campus housing must provide proof of receiving a dose of quadrivalent conjugate vaccine (MCV4 protects against strains: A, C, Y, W135) at greater than or equal to 16 years of age. Any student not living on campus who has not received a dose of quadrivalent conjugate vaccine within the past five years may choose to be vaccinated to reduce the risk of meningococcal disease. Students who are living off-campus must sign the Meningitis Off-Campus Housing Waiver.	Dose	

IMMUNIZATION RECOMMENDATIONS

Tetanus or TdaP (Adacel® or Boostrix®)	RECOMMENDED within last 10 years. 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).	☐ Tetanus ☐ TdaP Dose	
Hepatitis B ® (Series of 3 doses)	RECOMMENDED: Students may upload documentation and input dates of Hepatitis B dosing. For information on Hepatitis B, please refer to the Centers for Disease Control and Prevention website. Proof of immunization with a three-dose regimen and a (+) antibody titer is required for all Health Science students.	Dose 1 Dose 2 Dose 3	
COVID-19 (Circle One) PFIZER MODERNA JANSSEN J&J OTHER:	RECOMMENDED: Students may upload documentation and input dates of COVID dosing. For information on COVID, please refer to the Centers for Disease Control and Prevention website.	Dose 1 Dose 2	
Hepatitis A	RECOMMENDED: Students may upload documentation and input dates of Hepatitis A dosing. For information on Hepatitis A, please refer to the Centers for Disease Control and Prevention website.	Dose 1 Dose 2	
Meningococcal Serogroup B (Bexsero® or Trumemba®)	RECOMMENDED: Students may upload documentation and input dates of Meningitis B dosing. For information on Meningitis B, please refer to the Centers for Disease Control and Prevention website.	Dose 1 Dose 2	
Human Papillomavirus (HPV)	RECOMMENDED: Students may upload documentation and input dates of HPV dosing. For information on HPV, please refer to the Centers for Disease Control and Prevention website.	Dose 1 Dose 2 Dose 3	

MENNINGITIS OFF- CAMPUS HOUSING WAIVER

Student First Name:	Student Last Name:
UTC ID:	
Please note: All signatures on this waive	r need to be written signatures and not typed.
Meningococcal Disease	
residing in on campus housing, must have to 16 years of age. I understand that I may housing. I have read and understand the for disease is a serious bacterial illness. It is a in the United States. Meningitis is an infect disease also causes blood infections. About Even when they are treated with antibiotic lose their arms or legs, have problems with Anyone can get meningococcal disease, by 21 years. People with certain medical condeningococcal disease. College freshmen	ew incoming students, who are less than 22 years of age, who will be a documentation of a dose of conjugate vaccine at greater than or equal a waive this requirement as a student who is not a resident of on campus ollowing information about meningococcal disease: Meningococcal leading cause of bacterial meningitis in children 2 through 18 years old action of the covering of the brain and the spinal cord. Meningococcal at 1,000 – 1,200 people get meningococcal disease each year in the U.S. as, 10-15% of these people die. Of those who live, another 11%-19% their nervous systems, become deaf, or suffer seizures or strokes. In their nervous systems, become deaf, or suffer seizures or strokes. The ditions, such as lack of a spleen, have an increased risk of getting living in dorms are also at increased risk. Meningococcal infections can till, many people who get the disease die from it, and many others are
☐ I am not a resident of on-campus housing	ıg.
Signature of Student:	Date:
If the student is under age 18, a parent/gua	ardian must also sign the waiver.
Signature of Parent:	Date:
Printed Name of Parent:	Date: