

IMMUNIZATION RECOMMENDATIONS

Tetanus or Tdap <i>(Adacel® or Boostrix®)</i>	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).	<input type="checkbox"/> Tetanus <input type="checkbox"/> 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 <i>(Bexsero® or Trumemba®)</i>	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 _____	

MENINGITIS OFF- CAMPUS HOUSING WAIVER

Student First Name: _____ **Student Last Name:** _____

UTC ID: _____

Please note: All signatures on this waiver need to be written signatures and not typed.

Meningococcal Disease

I understand that under Tennessee Law, new incoming students, who are less than 22 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: _____

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

Signature of Parent: _____ Date: _____

Printed Name of Parent: _____ Date: _____