UNIVERSITY OF MEMPHIS CERTIFICATE OF IMMUNIZATION

TENNESSEE STATE LAW requires all students entering the University of Memphis to provide documentation showing their immunizations are up-to-date. Documentation must contain proof of $2 \ MMR$ and $2 \ Varicella$ immunizations or proof of immunity. The MMR is the combination immunization for the Measles, Mumps, and Rubella and the Varicella immunization is for Chicken Pox.

<u>IMPORTANT NOTE</u>: Acceptable documentation of immunizations must be submitted to the Student Health Center before a student can register as a *full-time* student. Forms missing personal information, such as the Student ID number, will take additional processing time and will delay the student's ability to register for full-time credit hours. For questions concerning immunization requirements, please call the Student Health Center at **(901) 678-2287.**

NAME (Print)												
(Last Na	me)	(First N	Name)	(Middle								
Birth Date	Student ID#	‡ U		Phone								
Current Mailing Address												
Semester Entering ☐ Fall	(Street) □Spring □	Summer	(City) Year Entering	(State) 	(Zip)							
MMR (Measles, Mumps, Rubella) Immunization												
You are NOT required to comif you graduated from a <u>TENN</u> high school diploma showing	NESSEE high school in 199	99 or after. <u>C</u>		will be a part-time student, or it a copy of their <u>TENNESSEE</u>	Date MM/DD/YYYY	Date MM/DD/YYYY						
MMR (Measles, Mumps, Rub	pella) – 2 immunizations i	equired.										
Has immunity confirmed by the MMR titer lab test. A copy of the results for all three titer tests is required.												
	Va	ricella (Chicken Pox) Imi	munization								
You are NOT required to com student or if you graduated fi	plete this section of the f	orm, if you w	vere born before January 1, 1	980 or if you will be a part-tim	e Date MM/DD/YYYY	Date MM/DD/YYYY						
Varicella (Chicken Pox) – 2 im	munizations required.											
Documented history of Varicella (Chicken Pox) or Shingles from a health care practitioner.												
Has immunity confirmed by t	he Varicella Zoster IgG la	b test. A cop	by of the results for Varicella	IgG Zoster test is required.								
		Mer	ningitis Immuniza	ation								
Before moving into their residence, new students under the age of 22 who will be living in a University of Memphis residence must provide documentation of receiving a Meningitis immunization given on or after their 16 th birthday. If this documentation is not provided, students will not be allowed to move into their residence.												
Meningitis – 1 immunization given on or after 16 th birthday.												
When immunizations are n contraindicated and why the			-									
Religious exemptions may conflicts with the religious												
HEALTH CARE PROVIDER CERT	IFICATION:											
Providers NAME (Print):			ADDRESS:									
SIGNATURE of PROVIDER:			PH	ONE:								

Immunizations Required Under Tennessee State Law

All students registering as full-time students at the University of Memphis must provide proof of immunizations. Documentation of 2 MMR immunizations or proof of immunity for Measles, Mumps, and Rubella and documentation of 2 Varicella immunizations or proof of immunity for Varicella (Chicken Pox) are required. New students under the age of 22 who will be living in University housing must show proof of receiving 1 Meningitis immunization given on or after their 16th birthday, before moving into their residence. Acceptable documentation and special notes concerning these requirements are listed below. Documentation must be in English. Photocopies and faxed documentation are acceptable as originals cannot be returned.

Acceptable documents are:

- > The Certificate of Immunization form completed and signed by health care provider
- A copy of an official immunization card
- ➤ Shot record from your local Public Health Department
- Military form DD214
- ➤ Active Military ID must be provided
- Official documentation from a prior college or university showing immunization dates
- Proof of Immunity
 - A positive result for <u>all three</u> components of the MMR (Measles, Mumps, Rubella) Titer test
 - A positive result for the Varicella Zoster IgG (Chicken Pox) test
 - Or if diagnosed with the disease of Chicken Pox or Shingles, the student must provide documentation from a healthcare provider (i.e. physician, nurse practitioner, etc) confirming when the student had the disease.

MMR - Special Notes

- Graduate students who graduated from a Tennessee high school in May 1999 or after may send a copy of their high school diploma or documentation of 2 MMR immunizations
- > Students who graduated from a **Tennessee** high school between May 1979 and May 1998, must provide documentation of **ONE** MMR immunization given after their graduation date or documentation of 2 **MMR** immunizations

The following students are not required to provide MMR documentation

If you were born before 1957, a Part-time student (If status changes to full-time, documentation must be provided.), or an **Undergraduate** student who graduated from a **Tennessee** high school in May 1999 or thereafter.

Varicella/Chicken Pox – Special Notes

Students who graduated from a **Tennessee** high school between May 1999 and May 2016, must provide documentation of **ONE Varicella** immunization given after their graduation date or documentation of 2 **Varicella** immunizations

The following students are not required to provide Varicella documentation

If you were born before January 1, 1980 or a Part-time student (If status changes to full-time, documentation must be provided.), or graduated from a Tennessee high school after June 1, 2016.

Meningitis – Special Notes

Eefore moving into their residence, new students under the age of 22 and planning to live in a University of Memphis residence must provide proof of receiving the immunization on or after their 16th birthday. If this documentation is not provided before move-in day, students may not be able to move into their residence.

Not able to locate MMR or Varicella documentation?

Your options are:

Have the test for immunity

- If any component of the MMR Titer test is not positive, BOTH immunizations must be taken again
- If the Varicella Zoster test is not positive, BOTH immunizations must be taken again

Have both immunizations again

• Because the immunizations must be given 30 days apart, after the student has their first immunization, a temporary 30 day waiver will be given so the student can register for full-time credit hours.

Note: If an exempted student contracts Measles, Mumps, Rubella, or Varicella, or if a Measles, Mumps, Rubella, or Varicella outbreak occurs, it will be the student's responsibility to remain off campus until a physician gives written permission for the student to return to campus.

Meningococcal Meningitis and Hepatitis B Immunization Health History Form

Name:						3	
vario.	Last	_	First	MI			
Date of l	Birth: Month/Day/Year	U of M ID#: U		Pho	one: ()		
information-camp that such required effective Centers	tion concerning hepatitions housing for the first a students complete an information below increase of the respective for Disease Control and	tis B infection to all at time must also be d sign a waiver for cludes the risk factor vaccines for person de the American Control of the Control o	I students entering the informed about the informed about the informed by the information and dangers of each who are at-risk for ollege Health Associa	e institution for the fir risk of meningococcal stitution that includes ch disease as well as i the diseases. The inf tion.	rst time. Those I meningitis info detailed inform information on formation conce	ution in the state provide e students who will be live ection. Tennessee law re- nation about the diseases the availability and erning these diseases is fa- tion is not required by I	ving in equires s. The from the
	vaccination and/or re				,		
A.	Hepatitis B (HBV)						
	death. The disease is tra primary risk factors for available to all age grou	ansmitted by blood ar Hepatitis B are sexua ps to prevent Hepatit pe sought to complete	nd or body fluids and mal activity and injecting is B viral infection. As the series if only one of	any people will have no drug use. This disease is series of three (3) doses	symptoms when s completely prev of vaccine are re	or cancer, liver failure, and on they develop the disease. It wentable. Hepatitis B vacci equired for optimal protection coine has a record of safety	The ine is on.
	I hereby certify the Hepatitis F		s information and <u>I h</u>	ave received the com	nplete three do	ose series of	
	I hereby certify that	at I have read this inf	formation and I have el	ected not to receive the	e Hepatitis B va	ccine.	
			formation and I have elee dose series of the H	ected to receive the He lepatitis B vaccine.	patitis B vaccin	ne and/or I am in the	
Signature	of Student or Parent/G	uardian (it student is	s under18):		Da	te:	
B.	Meningococcal Men	ingitis					
	the brain and spinal cord responsible for about 30 quickly and without war There are 5 different sub stimulate protective anti Y and W-135. The dura infrequent, consisting pr The Advisory Committee college freshmen (partic	d) or meningococcem to deaths annually. The ening. Rapid intervent otypes (called sereographics to Serogroups attion of protection is a minarily of redness and the on Immunization Popularly those who live added to the control of th	ia (bacteria in the blood the disease is spread by tion and treatment is recoups) of the bacterium B, but it does protect a approximately three to a depain at the site of injectices (ACIP) of the lead of the beautiful of the lead of the beautiful of the lead	d). Meningococcal diseasairborne transmission, purified to avoid serious il that causes Meningococgainst the most commorfive years. The vaccine ection lasting up to two out. S. Centers for Disease ence halls) be informed ingococcal disease be in	ase Strikes about primarily by coug liness and or deal cal Meningitis. In strains of the dis very safe and adays. • Control and Pre about meningood	tion of the membranes surro 3,000 Americans each year ghing. The disease can onse th. The current vaccine does not isease, including serogroup, adverse reactions are mild a evention (CDC) recommend occal disease and the benefit or undergraduate students we	ot s A. C. and ds that
	I hereby certify that	at I have read the info	ormation and I have rec	eived the vaccine for A	Meningococcal M	Aeningitis.	
	I hereby certify the	at I have read this info	ormation and <u>I have ele</u>	ected not to receive the	vaccine for Mer	ningococcal Meningitis.	
	I hereby certify the	at I have read this inf	formation and <u>I have cl</u>	ected to receive the va	ccine for Menin	ngococcal Meningitis.	
Signature	of Student or Parent/Gu	aardian (if student is	under 18):		Date:		

For more information about Meningococcal Meningitis and Hepatitis B disease and vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at [www.cdc.gov/health/default.htm].