

Dear Tusculum Student and Parent:

Student Health Services welcomes you to Tusculum College. In order to maintain a healthy environment in which all students may be most productive, the following information regarding vaccine preventable diseases is important.

- All students born after January 1, 1957 must be vaccinated with TWO doses of Measles, Mumps, and Rubella (MMR) vaccine prior to enrolling in a Tennessee higher education institution. If you graduated from a Tennessee public high school in 1999 or after, you might have met this requirement, however, you are still required to show proof of the inoculations;
- All students born after December 31, 1979 must be vaccinated with TWO doses of Varicella (Chickenpox) vaccine prior to enrolling in a Tennessee higher education institution. Alternatively, a student may document through their physician that they have developed an immunity upon contracting the Varicella (Chickenpox) virus;
- Be aware that you could experience a delay in the registration process if this document is not returned.

The Tennessee Higher Education Commission (THEC) requires that college health providers give information to students and parents regarding Meningococcal disease, Hepatitis B, and the benefits of the vaccinations.

- Common symptoms of meningitis include fever, severe headache, stiff neck, vomiting, and rash. Meningococcal disease strikes about 3000 Americans each year, leading to death in approximately 300 cases each year; with 5-15 of them being college students. Risk factors include social behavior that tends to reduce one's immune system such as lack of sleep, exposure to smoking, and excessive alcohol consumption. Recent research indicates that students living in residence halls have a six times greater chance of developing the disease than college students in general.
- Based on the slight possibility of increased risk, ACIP (Advisory Committee on Immunization Practices) recommends that students and parents consider the Menomune vaccine. The vaccine is given in a one-dose injection and is available from your physician or health department. According to literature, side effects of the vaccine have been minimal.

For additional information, please use the American College Health Association's website at <http://www.cdc.gov/vaccines/adults/rec-vac/index.html>

In addition, The American College Health Association (ACHA) recommends that students be immunized against Hepatitis B and this requires a series of three injections given in a timely manner. Tetanus immunization should be updated every 10 years. While not all of the individual vaccinations on the Certificate of Immunization are required, Tusculum College recommends that students receive the vaccinations as a preventative measure.

Please call (423) 636-7300, ext. 5499 if you have any questions regarding immunizations. Thank you for your time and attention to this important issue.

Sincerely,  
Diane Hensley, LPN  
Campus Health Educator

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Gender:  Male  
 Female

\_\_\_\_\_  
Citizenship

## IMMUNIZATION INFORMATION

All students are required to submit official documentation of:

- 2 MMR immunizations, and
- Either - 2 Varicella immunizations, or information as to their having developed immunity due to contracting the Varicella virus (chickenpox).

Alternatively, documentation can be provided as to the foregoing being contraindicated by a medical condition documented by a physician's statement or a statement detailing contraindication due to religious beliefs.

Physicians may complete and sign this form, or written documentation may be provided showing proof of immunization (e.g. copy of immunization record).

IMMUNIZATION	REQUIRED	COMPLETED (circle)	DATE OF INJECTION (M/D/YR)	PHYSICIAN'S SIGNATURE
MMR <small>(Measles/Mumps/Rubella)</small>	Yes 2 doses to Complete	Dose 1   Yes   No Dose 2   Yes   No	_____ _____	_____ _____
Varicella (Chickenpox)	Yes for students born after 1979  Else, 2 doses to complete	Immune due to previous infection  Dose 1   Yes   No Dose 2   Yes   No	_____ _____ _____	_____ _____ _____
Hepatitis B	No (Recommended)  3 doses to complete	Dose 1   Yes   No Dose 2   Yes   No Dose 3   Yes   No	_____ _____ _____	_____ _____ _____
			<i>(If Hepatitis Inoculation waived, please note "waived" and sign above indicating risk information was provided by College)</i>	
Bacterial Meningitis	No (Recommended)	Dose 1   Yes   No	_____	_____
			<i>(If Meningococcal Inoculation waived, please note "waived" and sign above indicating risk information was provided by College)</i>	

**OFFICE USE ONLY**

If Tennessee PUBLIC High School attendance alternative is being pursued for MMR verification, has documentation been received that transcript is on file with Tusculum College? YES / NO  
If so, securely attach copy of verification receipt (e-mail, letter, etc) to back of this form for filing for audit purposes.

Entered into system by: (signature) \_\_\_\_\_ Date: \_\_\_\_\_

IMMUNIZATION FORM