



Tennessee State Law requires all students entering TTU 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 Measles, Mumps, and Rubella and the Varicella immunization is for Chicken Pox.

**IMPORTANT NOTE:** 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 JJ Oakley Student Health Center at (931) 372-3320.

Name (print) \_\_\_\_\_  
Last First MI

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Student T# \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Month Day Year

Current Mailing Address \_\_\_\_\_  
Street City State Zip

Semester Entering \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Year Entering \_\_\_\_\_

MMR (Measles, Mumps, Rubella) Immunization		
You are <b>NOT</b> required to complete this section of the form if you were born before 1957, if you will be a part-time student, or if you graduated from a <b>TENNESSEE</b> high school after 1998. <b>Graduate students</b> may submit a copy of their <b>TENNESSEE</b> high school diploma showing they graduated after 1998.	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)
MMR (Measles, Mumps, Rubella) - 2 immunizations required.		
Proof of immunity confirmed by the MMR titer lab test. A copy of the results for all <b>THREE</b> titer tests are required.		
Varicella (Chicken Pox) Immunization		
You are <b>NOT</b> required to complete this section of the form if you were born before January 1, 1980 or if you will be a part-time student.	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)
Varicella (Chicken Pox) Immunization - 2 immunizations required.		
Documented history of Varicella (Chicken Pox) or Shingles from a health care practitioner.		
Has immunity confirmed by the Varicella Zoster IgG lab test. A copy of the results for Varicella IgG Zoster test is required.		
Meningitis Immunization		
<b>Before moving into their residence, new students under the age of 22 who will be living in a Tennessee Tech University residence must provide documentation of receiving a Meningitis immunization given on or after their 16th birthday.</b> If this documentation is not provided, students will not be allowed to move into their residence.	Date (MM/DD/YYYY)	
Meningitis - 1 immunization <b>given on or after 16th birthday.</b>		

When immunizations are medically contraindicated, a physician must provide a signed written statement indicating *which* immunizations are contraindicated and why the immunizations are contraindicated.

Religious exemptions may be requested. An original signed and *notarized* statement, affirmed under penalties of perjury that the vaccination conflicts with the religious tenets and practices of the student must be submitted to the Student Health Center in-person or by mail.

### HEALTH CARE PROVIDER CERTIFICATION

Provider's Name (print) \_\_\_\_\_ Address \_\_\_\_\_

Signature of PROVIDER \_\_\_\_\_ Phone \_\_\_\_\_