

Student Affairs—Admissions/Records/Enrollment Services  
4501 Amnicola Hwy., Chattanooga, TN 37406-1097  
Phone: 423-697-4401 Fax: 423-697-4709  
www.chattanoogastate.edu

## Certificate of Immunization

Name (please print): \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Student ID (A Number): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Required for Tennessee College of Applied Technology (357 clock hours or more)  
Required for Credit Division (12 credit hours or more)

Full-time students must provide documentation of proper immunization for measles, mumps, and rubella (MMR) as well as Varicella (Chickenpox). For each group below, check the statements that describe how you have met the requirements. Submit this completed form with your admission application or directly to the Enrollment Services Center at your earliest convenience.

**Group One: Select one response about the MMR vaccines**

- I was born before January 1, 1957, and I am submitting a copy of my state issued ID or an official high school transcript as evidence. (The vaccines are not required.)
- I am providing written documentation from a physician certifying that I am allergic to the MMR vaccine. (The vaccines are not required.)
- I am providing written documentation from a physician stating that I have been diagnosed with measles AND mumps AND rubella. (The vaccines are not required.)
- I graduated from a Tennessee high school after May 1, 1999. I am providing an official transcript from that high school. (The vaccines are not required.)
- I am providing documentation that I attended elementary, middle, or high school in Tennessee after July 1, 2001. (The vaccines are not required.)
- I graduated from a Tennessee high school between May 1979 and December 1998. I am not required to have the first dose, but am providing a transcript from my high school and documentation from a licensed health care provider that I have had the second dose.
- I am providing documentation from a licensed health care provider that I have received two doses of the MMR vaccine.

**Group Two: Select one response about the Chickenpox (Varicella) vaccines**

- I was born before January 1, 1980, and I am submitting a copy of my state issued ID or an official high school transcript as evidence. (The vaccines are not required.)
- I am providing written documentation from a physician certifying that I am allergic to the Varicella vaccine. (The vaccines are not required.)
- I graduated from a Tennessee high school between 1999 and May 2016. I am not required to have the first dose, but am providing a transcript from my high school and documentation from a licensed health care provider that I have had the second dose.
- I graduated from a Tennessee high school in June 2016 or later, and I am submitting a high school transcript as evidence. (The vaccines are not required.)
- I am providing documentation from a licensed health care provider that I have received two doses of the Varicella vaccine.
- I am providing written documentation from a physician stating that I have been diagnosed with the Chickenpox. (The vaccines are not required.)

**Group Three: Select one response about Hepatitis B**

- I am 18 years old or older. The Hepatitis B immunization Health History Form has been made available to me. I will respond to the online questionnaire before I can register for classes. If I am applying to a program in which I will have contact with medical patients, I understand that the Health History Form is not sufficient; I must submit immunization records to the health program.
- I am younger than 18 years old. I have completed the Hepatitis B immunization Health History Form with my parent or guardian. Both of us have signed the form, and it is attached. If I am applying to a program in which I will have contact with medical patients, I understand that the Health History Form is not sufficient; I must submit immunization records to the health program.

**I have a valid Exemption**

- I am attaching a signed written statement, affirmed under penalty of perjury, that my religious tenets and practices prevent me from being vaccinated. (The vaccines are not required.) If I am younger than 18 years old, a parent or guardian has co-signed this statement. I understand that I may not be admitted to a program where I have contact with medical patients (most Allied Health programs) without the required immunizations, and that I am subject to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (If student under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Chattanooga State Community College  
Immunization Requirements**

Tennessee law requires full-time students enrolled in TBR community colleges and universities and technology centers to provide proof of receipt of two doses of the MMR and Varicella vaccinations prior to the first day of classes of the student's initial semester at the institution. The MMR vaccine doses must have been administered on or after a student's first birthday.

**Finding your Vaccine History**

- Call your medical provider (for most college-age students, this would be their childhood pediatrician)
- A second option for those who attended Tennessee schools, is to call the Health Department Medical Records Department at 423-209-8209 to see if the student's MMR history is in the Tennessee Immunization Registry. This contains immunization histories of many younger Tennessee residents even if they did not use the Health Dept. as their immunization provider.

If the vaccine history is located, request official documentation of immunization containing the student's name, vaccine name, date(s) given, and provider signature or stamp.

**If no verifiable history of 2-Dose MMR or Chickenpox history is available, seek vaccination**

- Contact your medical provider to see if they participate in the Vaccines for Children Program. Each person younger than age 19 who has TennCare (Medicaid) or is uninsured, or is an American Indian or Alaskan Native or whose insurance does not cover immunizations is entitled to federally funded vaccine through the federal VFC Program at any health department or participating medical clinic. Eligibility for this program end on the 19th birthday. Due to limited funds, federally funded Hepatitis B vaccine is not currently available at health departments for health science students aged 19 or older. However, this vaccine is widely available in medical offices and some pharmacies with a prescription.
- Contact your medical provider to see if they have MMR and/or Varicella vaccine and will accept whatever insurance the student might have OR
- Contact the Adult/Overseas Immunization Clinic at 423-209-8340 for an appointment

Adult/Overseas Immunization Clinic is located on the 1st Floor  
Chattanooga-Hamilton County Health Department  
921 East Third Street  
Chattanooga, TN 37403  
(next door to Erlanger Hospital)

**The following information must be completed by a Physician if your health department medical records are unavailable:**

<b>A. MMR (Measles, Mumps, Rubella)</b>	
○ Dose 1: immunized at 12 months of age or later, and	(mm/dd/yy) _____/_____/_____
○ Dose 2: immunized with second dose	(mm/dd/yy) _____/_____/_____
<i>* If section A complete, continue to section E</i>	
<b>B. Measles</b>	
○ disease confirmed by health care provider: documented in health record	(mm/dd/yy) _____/_____/_____
○ laboratory evidence of immunity by titer administered	(mm/dd/yy) _____/_____/_____
○ immunized with live measles vaccine at 12 months or later, and	(mm/dd/yy) _____/_____/_____
○ immunized with second dose of live vaccine	(mm/dd/yy) _____/_____/_____
<b>C. Mumps</b>	
○ disease confirmed by health care provider: documented in health record	(mm/dd/yy) _____/_____/_____
○ laboratory evidence of immunity by titer administered	(mm/dd/yy) _____/_____/_____
○ immunized with live mumps vaccine at 12 months or later, and	(mm/dd/yy) _____/_____/_____
○ immunized with second dose of live vaccine	(mm/dd/yy) _____/_____/_____
<b>D. Rubella</b>	
○ disease confirmed by health care provider,; documented in health record	(mm/dd/yy) _____/_____/_____
○ laboratory evidence of immunity by titer administered	(mm/dd/yy) _____/_____/_____
○ immunized with live rubella vaccine at 12 months or later, and	(mm/dd/yy) _____/_____/_____
○ immunized with second dose of live vaccine	(mm/dd/yy) _____/_____/_____
<b>E. Varicella (Chicken Pox)</b>	
○ disease confirmed by health care provider: documented in health record	(mm/dd/yy) _____/_____/_____
○ Dose 1: immunized at 12 months of age or later, and	(mm/dd/yy) _____/_____/_____
○ Dose 2: immunized with second dose	(mm/dd/yy) _____/_____/_____
<b>F. Exemption</b>	
○ exemption based on <u>permanent</u> medical contraindication	(mm/yy) _____/_____/_____
○ exemption based on <u>temporary</u> medical contraindication	(mm/yy) _____/_____/_____
___ pregnancy - expected to end of confinement	
___ other - expected end of contraindication	(mm/yy) _____/_____/_____

Print Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_