

Immunization Health History Form

(All Students Under 18 Must Complete)

Name:			A#:	Date of Birth:
Last	First	MI		
(TO BE COMPLETED BY NEW APPLICANTS ONLY) Each public or private postsecondary institution in the state must provide information concerning measles, mumps, rubella, varicella, and hepatitis B infections to all students matriculating for the first time. Tennessee law requires that such students complete and sign this waiver form provided by the institution, which includes detailed information about these diseases. The required information below includes the risk factors and dangers of these diseases as well as information on the availability and effectiveness of vaccines for persons who are at-risk for these diseases. The information concerning each disease is from the Centers for Disease Control and the American College Health Association.				
The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine. A student may be exempted from immunization requirements if vaccination conflicts with the religious tenets and practices of the student or if a licensed physician determines that the risk of harm from the vaccine outweighs the potential benefit.				
Hepatitis B (HBV) Immunization			Measles, Mumps, Rubella (MMR) and Varicella Immunizations	
I have had the entire vaccine. I hereby certify that I leads to recease and/or I am in the pro-	liver disease, cirrhoseven death. The disease do not body fluids and ottoms when they deverse factors for Hepatitiseng drug use. This disease are required doses may still be so only one or two have a has a record of safety	is, liver ease is d many lop the B are ease is vailable ction. A red for ught to e been y and is s. on and accine. on and ne	watery eyes. Compl diarrhea, pneumoni Mumps causes fev tiredness, loss of a glands. Complicati testicles or ovaries, brain and/or tissue (encephalitis/meni: Rubella causes feve red, itchy eyes. If a v pregnant, she could could be born with Varicella (chickenp fever, and tirednes skin infection, sca death. You can protect aga effective vaccination I hereby certification. I hereby certification. I hereby certification.	y that I have read this information and entire series of the MMR and Varicella by that I have read this information and
Signature of Student Signature of Parent/Gu			vaccinesI hereby certif I have elected vaccines and/	Ty that I have read this information and to receive the MMR and Varicella or I am in the process of receiving series of MMR and Varicella vaccines.
Date				

For more information about these diseases and the vaccine schedules, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at https://www.cdc.gov/az/a.html