

IMMUNIZATION NOTIFICATION

Dear Tusculum University Student and/or Parent:

Student Affairs welcomes you to Tusculum University. 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 immunization records are not turned in.

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>

Helpful link on how to obtain the requested records:
<http://tn.gov/health/article/imm-record-request>

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 University recommends that students receive the vaccinations as a preventative measure.

Please call (423) 636-7315 if you have any questions regarding immunizations.
Thank you for your time and attention to this important issue.

TUSCULUM UNIVERSITY

ESTABLISHED 1794

IMMUNIZATION FORM

Revised July 1, 2020

Last Name _____ First Name _____ Middle Name _____

Social Security Number _____ Date of Birth _____ Gender: Female Male

Entry Term _____

Citizenship _____

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).

Forms should be submitted to Tusculum Enrollment Management Operations, P.O. Box 5051, Greeneville, TN 37745, or emailed to admission@tusculum.edu, or faxed to 423.798.1622.

Alternatively, documentation (physician, county health, or previous school record) 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/Y)	PHYSICIAN'S SIGNATURE
MMR (Measles/Mumps/Rubella)	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	_____	_____
			(If Hepatitis Inoculation waived, please note "waived" and sign above indicating risk information was provided by University)	
Bacterial Meningitis	No (Recommended)	Dose 1 Yes No	_____	_____
			_____	_____
			(If Meningococcal Inoculation waived, please note "waived" and sign above indicating risk information was provided by University)	

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 University? 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 EXEMPTION FORM

Tusculum University students may request an exemption from required immunizations. A physician or other health care provider may exempt a student from a vaccination if the risk of harm to the student receiving the vaccine is greater than the individual and/or societal risk of being unvaccinated. A signed statement by the student or guardian may exempt a student from immunizations if it conflicts with the individual's religious tenets or practices. **This form must be completed and signed by a health care provider, a University representative, and/or student or guardian noting the exemption, and returned to Tusculum Enrollment Management Operations, P.O. Box 5051, Greeneville, TN 37745, or emailed to admission@tusculum.edu, or faxed to 423.798.1622.**

Possible risks of not immunizing include becoming infected with the disease, death, transmitting vaccine-preventable disease to others, exclusion from school or house quarantine during an outbreak, and/or a delay in clinical placement. Clinical affiliates may impose additional restrictions or require additional documentation.

Student Name

Date of Birth

Signature of University Representative

Date

Medical Exemption

The following immunization(s) is/are medically contraindicated for this student:

<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hepatitis B Series	<input type="checkbox"/> TD/Tdap
<input type="checkbox"/> Other _____		

Reason for exemption(s): _____

This exemption shall continue until: _____

Printed Name of Healthcare Provider

Address: _____

Signature of Healthcare Provider

Date

Religious Exemption

I am fully aware of the risks of not vaccinating as described by the Centers for Disease Control, and the American Medical Association; but, pursuant to Tennessee Code Annotated §49-6-5001 (b)(2), I am declining the following vaccination(s) because the vaccinations conflict with my religious tenets and practices.

<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hepatitis B Series	<input type="checkbox"/> TD/Tdap
<input type="checkbox"/> Other _____		

Signature of Student/Guardian/Clergy

Date