

Certificate of Immunization

This form must be completed and returned to the Office of Admissions at least one week prior to registration. Copies of shot records and lab results are acceptable.

Please note that this form is required for registration, and that your file will be placed on hold until the completed form is received by the Office of Admissions. (Hold status prevents registration and the release of grades, transcripts, and other records.)

STUDENT INFORMATION

Full name of student _____

Social security number _____

IF BORN PRIOR TO JANUARY 1, 1957, PLEASE SIGN THE FOLLOWING:

I certify that I was born prior to January 1, 1957; therefore, I am exempt from the immunization requirement.

Signature _____

Date _____

GRADUATES OF HIGH SCHOOLS IN THE STATE OF TENNESSEE (1999 AND AFTER), PLEASE SIGN THE FOLLOWING:

I certify that I graduated from _____ High School in Tennessee in the year _____; therefore, I am exempt from the immunization requirement.

Signature _____

Date _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER:

MMR (Measles, Mumps, Rubella)

Please document each dose

Dose 1: (1st shot waived if graduated from a Tennessee high school after 1978)

Dose 2:

Month/Year

_____/_____
_____/_____

Clinical diagnosis of

Measles

Rubella

Mumps

_____/_____
_____/_____
_____/_____

Laboratory proof of immunity:

Measles

Rubella

Mumps

Titer:

Titer:

Titer:

_____/_____
_____/_____
_____/_____

Health Care Provider: _____ Phone: _____ Date: _____

Please complete both sides of this form.



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Hepatitis B Vaccination

This form must be completed and returned to the Office of Admissions at least one week prior to registration. Copies of shot records and lab results are acceptable.

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STUDENT INFORMATION

Full name of student _____

Social security number _____

HEPATITIS B VACCINE

The General Assembly of the State of Tennessee mandates that each public and private postsecondary institution in the state provide the information concerning Hepatitis B infection to all students. Tennessee law requires that students provide proof of vaccine or sign a waiver form provided by the institution that includes detailed information about the disease. The information concerning the disease is from the CDC (Center for Disease Control).

The law does not require students to receive Hepatitis B vaccinations for enrollment nor does Aquinas College. Hepatitis B is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure and even death. The disease is transmitted by blood and/or bodily fluids and many people will have no symptoms when they develop the disease. The disease is completely preventable. The vaccine is a series of 3 shots and is available to all age groups to prevent infection. A Hepatitis B vaccine has a good safety record and is believed to confer lifelong immunity in most cases.

THE FOLLOWING INFORMATION MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER: (ATTACHED DOCUMENTATION OF VACCINATION IS ALSO ACCEPTABLE)

The above named individual has received the Hepatitis B vaccine series as recommended by the State of Tennessee.

Dates of Hepatitis B vaccine: #1 _____ #2 _____ #3 _____

Health Care Provider: _____ Phone: _____ Date: _____

WAIVER

I certify that I have read the information and I have elected not to receive the Hepatitis B vaccine.

Student Signature or Parent/Guardian (if student is under 18) _____

Date _____

Please complete both sides of this form.



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