



IMMUNIZATION RECORD

SCHOOL OF PHARMACY

Name _____ Date of Birth _____ Phone # _____

Address _____ Email _____

A. MEASLES, MUMPS, AND RUBELLA

1) Combined Shot (Date Given): MMR #1 ___/___/___ MMR #2 ___/___/___

2) Has immune MMR titer: Date: ___/___/___ Results _____

The state of Tennessee requires all students, born after January 1, 1957, entering colleges and universities to provide proof of two (2) doses of Measles, Mumps, and Rubella (MMR) vaccine on or after the first birthday or proof of immunity to measles.

Signature of Physician/Provider _____ Date _____

Name of Physician/Provider _____

Address _____

OR See attached copy of Immunization record

B. HEPATITIS B (HBV) IMMUNIZATION:

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to provide lifelong immunity in most cases. Union University Health Services, located on the Jackson Campus, is open Monday - Friday 8 a.m.-4p.m. and offers Hepatitis B vaccine for \$64 per injection (price subject to change).

I decline receipt of vaccine to protect for Hepatitis B.

I have received or plan to receive the complete three dose series of the Hepatitis B vaccine.

Required Signature _____ Date _____

Hepatitis B Vaccine	
#1	___/___/___
#2	___/___/___
#3	___/___/___

C. VARICELLA:

Proof of Varicella IgG Titer is required for all students in the School of Pharmacy.

Varicella IgG Titer (Date Given) ___/___/___ Results _____

I refuse immunization because of religious objections, have attached an official clergy statement, and affirm this reason under the penalties of perjury.

Required Signature _____ Date _____

D. TETANUS, DIPHTHERIA, AND ACELLULAR PERTUSIS (TD/TDAP) VACCINATION:

Students in the School of Pharmacy must show proof of vaccination with either Td or Tdap within the past 10 years. Tdap should replace a dose of Td for adults <65 years who have not previously received a dose of Tdap, either in the primary series, as a booster, or for wound management.

Td Vaccine (Date Given) ___/___/___

Tdap Vaccine (Date Given) ___/___/___

Required Signature _____ Date _____

Return to: School of Pharmacy, 1050 Union University Drive, Box 1802, Jackson, TN 38305

Contact information: 731-661-5958, Fax 731-661-5980