

IMMUNIZATION RECORD

HEALTH SERVICES

Parts A & B are required for all students. Part C is requi	ired for all residents. Part D is required for all	nursing and pharmacy students.	
Name	Date of Birth	Phone #	
Address	Email		
A. MEASLES, MUMPS, AND RUBELLA			
☐ Attach copy of Immunization record showing two OR	(2) doses of Measels, Mumps & Rubella (1	MMR) vaccine	
☐ Attach copy of immune MMR titer Date:/ The state of Tennessee requires all students, born after Mumps, and Rubella (MMR) vaccine on or after the	ter January 1, 1957, entering colleges and ι		s of Measles,
OR			
☐ Provide proof of attendance at a Tennessee public	e high school since 2001.		
B. HEPATITIS B (HBV) IMMUNIZATION:			
Recommended for all new students and required for a lead to chronic liver disease, cirrhosis, liver cancer, liv viral infection. A series of three (3) doses of vaccine as or two have been acquired. The HBV vaccine has a reservices, located on the Jackson Campus, is open Mochange).	rer failure, and even death. Hepatitis B vacc re required for optimal protection. Missed ecord of safety and is believed to provide life	ine is available to all age groups to prevent I doses may still be sought to complete the ser elong immunity in most cases. Union Unive	Hepatitis B ries if only one ersity Health
 □ I decline receipt of vaccine to protect for Hepatitis □ I have received the complete three dose series of to □ I plan to receive the Hepatitis B series. 			
Student Must Sign Here		Date	
C. MENINGITIS VACCINE:			
Recommended for all students living in campus hou College students, especially freshman living in reside this disease can lead to serious complications such as prevent up to 80% of meningococcal meningitis in ymeningococcal meningitis in the United States and Union University Health Services is open Monday –	ence halls, are at an increased risk for contr s swelling of the brain, coma, and even dea young adults. The vaccine is safe and effect for the majority of the cases in the college:	racting meningococcal disease. The bacteria th within a short period of time. Immuniz tive against 4 of the 5 types of bacteria response age population. Protection lasts approxima	ration can onsible for tely 8 years.
☐ I decline receipt of vaccine for meningococcal me☐ I have received or plan to receive the meningococc☐ I plan to receive the meningococcal meningitis vac	cal meningitis vaccine. Meningitis Vaccine	e (Date Given)/	
Student Must Sign Here		Date	
D. VARICELLA:			
NOTE: Proof of Varicella IgG Titer is only require	d for students in the School of Nursing or	r School of Pharmacy.	
Varicella IgG Titer Date/ Re	esults		
I refuse immunization because of religious objection	s, have attached an official clergy statemen	t, and affirm this reason under the penaltic	es of perjury.
Signature		Date	