



CERTIFICATE OF IMMUNIZATION

As of July 1, 1998, the state of Tennessee requires entering college students to have proof of two doses of measles, mumps, and rubella (MMR) vaccines. As of July 1, 2011, two doses of Varicella (Chicken Pox) are also required by the state of Tennessee.

Student's Name: _____ **SSN#:** _____

PART I – EXCEPTIONS

Please check one of the following exceptions, if applicable, and sign.

- I certify that I was born prior to January 1, 1957 and, therefore, exempt from the MMR requirement.
- I certify that I was born prior to January 1, 1980 and, therefore, exempt from the Varicella (Chicken Pox) requirement.
- I certify that I am a 1999 or later Tennessee high school graduate and meet the state immunization requirements for MMR.

Signature _____ **Date** _____

PART II – VACCINATION RELIGIOUS OBJECTION STATEMENT

- Refused immunization because of religious doctrine.

I affirmatively acknowledge that Tennessee law mandates that I obtain two (2) doses of the measles, mumps, and rubella (MMR) vaccination and two (2) doses of the Varicella (Chicken Pox) vaccination prior to my enrollment at Northeast State Community College. However, pursuant to Tennessee Code Annotated 49-6-5001(2) I affirm under the penalties of perjury that I have not obtained, nor will I obtain, the measles, mumps, and rubella (MMR) or the Varicella (Chicken Pox) vaccinations and other preventative immunization measures because it conflicts with my religious tenets and practices.

Signature _____ **Date** _____

PART III – TO BE COMPLETED BY PHYSICIAN

MMR and Varicella (Chicken Pox)

Check the appropriate box:

- Received two (2) doses of vaccination
MMR #1: Mo/Yr _____ MMR #2: Mo/Yr _____
Varicella #1: Mo/Yr _____ Varicella #2: Mo/Yr _____
- 1979-1998 TN high school graduate needing proof of one dose of MMR or TN high school graduate from 1999 to May 2016 needing one dose of Varicella
MMR: Mo/Yr _____ Varicella: Mo/Yr _____
- Medically contraindicated because of pregnancy, allergy to vaccine, etc.
MMR: Mo/Yr _____ Varicella: Mo/Yr _____

Must list reasons: _____

- Had disease as confirmed by medical record
MMR: Mo/Yr _____ Varicella: Mo/Yr _____
- Laboratory confirmed immunity to the disease
MMR: Mo/Yr _____ Varicella: Mo/Yr _____

Healthcare Provided (printed or stamped name and address)

Signature of Healthcare Provider _____

Return this form to:
Northeast State Community College
P.O. Box 246 • Blountville, TN 37617
423.323.0253 • Fax 423.323.0215