

**UTC University Health Services
Certificate of Immunization**

Name: _____	UTC ID _____
(Last) (First) (MI)	
Date of Birth (M/D/Y): _____	Primary Telephone: (____) _____ - _____

INSTRUCTIONS: Immunization information must be completed, uploaded, submitted, and approved in order to register for classes at The University of Tennessee at Chattanooga. The health care provider's signature and office stamp must be noted in the appropriate space or a copy of medical records with evidence of immunizations must be provided. Medical exemptions documenting contraindication of vaccinations or an alternate proof of immunity (i.e., titer test results) may be attached.

How to Submit: Immunization forms must be uploaded to the Mediat Patient Portal. Dates must be correctly entered into the portal as well in order for them to be reviewed and approved. If you need more information or any assistance, please go to <https://www.utc.edu/university-health-services/immunizations.php>.

IMMUNIZATION REQUIREMENTS

Vaccine	Requirements	Date of Dose	Health Care Provider Stamp
MMR® (Measles, Mumps, Rubella) Required	Students born on or after January 1, 1957, must provide proof of: (i) immunization with two (2) doses of MMR vaccine at least 28 days apart or (ii) serology showing immunity to MMR.	Dose 1 _____ Dose 2 _____	
VARICELLA (Varivax®) (Chicken Pox)	All students born on or after January 1, 1980, must provide proof of: (i) immunization with two doses of Varicella vaccine at least 28 days apart, (ii) serology showing immunity to Varicella, or (iii) documentation from a medical facility verifying a previous diagnosis with the illness.	Dose 1 _____ Dose 2 _____ OR Date of Illness: _____	
Hepatitis B® (Series of 3 doses) <i>Information/Waiver Form – please see page 2 of this immunization form</i>	Recommended but not required. Students may upload documentation and input dates of Hepatitis B dosing or upload a Hepatitis B Waiver located on the second page of the UTC Immunization Form. For information on Hepatitis B, please refer to the Centers for Disease Control and Prevention website. Proof of immunization with a three dose regimen and a (+) antibody titer is required for all Health Science students.	Dose 1 _____ Dose 2 _____ Dose 3 _____	
Meningitis (Menactra® or Menveo®) <i>Information/Waiver Form – please see page 2 of this immunization form</i>	New incoming students who are younger than 22 years of age and who will live in campus housing must have documentation of a dose of quadrivalent conjugate vaccine (MCV4 protects against strains: A, C, Y, W135) at greater than or equal to 16 years of age. Any student not living on campus who has not received a dose of quadrivalent conjugate vaccine within the past five (5) years may choose to be vaccinated to reduce the risk of meningococcal disease.	Dose _____	
Tetanus or TdaP (Adacel® or Boostrix®) (Recommended within last 10 years) <input type="checkbox"/> Tetanus <input type="checkbox"/> TdaP	Tetanus vaccine can help prevent tetanus disease, commonly known as "lockjaw", a serious disease that causes painful tightening of the muscles, usually all over the body, especially the jaw. This vaccine is recommended, not required. TdaP also contains protection from Pertussis (whooping cough).	Dose _____	

VACCINE INFORMATION/WAIVER FORM

Student First Name: _____ Student Last Name: _____

UTC ID: _____

Please note: All signatures on this waiver need to be written signatures and not typed.

Hepatitis B

In accordance with the Advisory Committee on Immunization Practices, University Health Services strongly recommends immunization against Hepatitis B. I have reviewed the information found at <https://www.cdc.gov/hepatitis/hbv/patienteduhbv.htm>, which, in accordance with Tenn. Comp. R. & Regs. § 1540-01-09-.02, includes information regarding the risk factors and dangers of the disease as well as information on the availability and effectiveness of the respective vaccines for persons who are at-risk for the disease. I understand the risks of this disease and:

PLEASE MARK ONE BELOW:

- I have received the vaccinations and have provided proof of the same; OR
- I have chosen not to receive the vaccinations.

Signature of Student: _____ Date: _____

If the student is under age 18, a parent/guardian must also sign the waiver.

Signature of Parent: _____ Date: _____

Printed Name of Parent: _____ Date: _____

Meningococcal Disease

I understand that under Tennessee law, new incoming students who are less than twenty-two (22) years of age and who will be residing in on-campus housing, must provide documentation of adequate immunization against meningococcal disease [i.e., a dose of conjugate vaccine at greater than or equal to sixteen (16) years of age]. I understand that I may be exempted from this requirement if I am not a resident of on-campus housing or as otherwise permitted under Tenn. Comp. R. & Regs. § 1540-01-09-.04. I have reviewed the information found at <https://www.cdc.gov/meningitis/bacterial.html>, which includes information regarding the risk factors and dangers of the disease as well as information on the availability and effectiveness of the respective vaccines for persons who are at-risk for the disease. I understand the risks of this disease and:

PLEASE MARK ONE BELOW:

- I am not a resident of on-campus housing; OR
- I am otherwise exempted from this vaccination in accordance with Tenn. Comp. R. & Regs. § 1540-01-09-.04.

Signature of Student: _____ Date: _____

If the student is under age 18, a parent/guardian must also sign the waiver.

Signature of Parent: _____ Date: _____

Printed Name of Parent: _____ Date: _____