



CERTIFICATE OF IMMUNIZATION

The state of Tennessee as of July 1, 1998, requires students entering colleges, universities, and technical institutes to have proof of two doses of measles, mumps, and rubella vaccines.

Student's Name _____ Social Security No. _____

PART I (to be completed by student)

If born prior to January 1, 1957, please sign the following:

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

Signature _____ Date _____

(IF THIS SECTION IS COMPLETE, NO FURTHER INFORMATION IS NECESSARY)

PART II (if applicable)

Refused immunization because of religious doctrine. Reason affirmed under the penalties of perjury. Attach statement.

PART III (to be completed by a physician)

MMR (check appropriate box)

Received two doses of measles vaccination since the age of 12 months. month/year _____
month/year _____

Medically contraindicated because of pregnancy, allergy to vaccine, etc. Must list reasons: _____

Had disease, confirmed by medical record. month/year _____

Laboratory confirmed immunity to the disease. _____

ATTEST (must be signed by an M.D. or D.O.)

Print name of physician _____

Address _____ Office Telephone _____

Physician's signature _____ Date _____

RETURN THIS FORM TO: Walters State Community College
Department of Admissions and Registration Services
500 South Davy Crockett Parkway
Morristown, Tennessee 37813-6899
Telephone Nos. 423-318-2763 or 1-800-225-4770
Fax: 423-585-6786