



## CERTIFICATE OF IMMUNIZATION (MMR AND VARICELLA)

Effective July 2011, proof of immunization with two doses of Measles, Mumps and Rubella and Varicella (chickenpox), administered on or after the first birthday, is required for full-time students, defined as students taking 12 hours or more of academic credits, at all universities and colleges with an enrollment greater than two hundred students. *This form must be completed and signed by a licensed doctor of medicine or osteopathy and returned to Columbia State. An official copy of a State Health Department or military immunization form will be accepted. Certain students are exempt from this requirement. Please see the back of this form for more information.*

### PART I

(to be completed by student)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security number \_\_\_\_\_

### PART II

(to be completed and signed by physician)

- Immunized (since the age of 12 months) MMR: #1 Mo/Yr \_\_\_\_\_ #2 Mo/Yr \_\_\_\_\_  
Varicella: #1 Mo/Yr \_\_\_\_\_ #2 Mo/Yr \_\_\_\_\_
- Had disease, confirmed by medical record MMR: Mo/Yr \_\_\_\_\_ Varicella: Mo/Yr \_\_\_\_\_
- Medically contraindicated because of medical condition (i.e., allergy to vaccine, pregnancy, etc.) MMR \_\_\_\_\_ Varicella \_\_\_\_\_  
Must list reason(s): \_\_\_\_\_
- Laboratory confirmed immunity MMR titer: Mo/Yr \_\_\_\_\_ Varicella titer: Mo/Yr \_\_\_\_\_

### HEALTH CARE PROVIDER

(please print unless office stamp is used)

Print name of physician \_\_\_\_\_ Office phone \_\_\_\_\_

Address \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### PART III

(if applicable)

I refuse immunization of MMR \_\_\_\_\_ Varicella \_\_\_\_\_ because of religious objections, have attached statement, and affirm this reason under the penalties of perjury.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if student under 18): \_\_\_\_\_ Date \_\_\_\_\_

Return this Form to:

Columbia State Community College  
Office of Admissions  
1665 Hampshire Pike  
Columbia, TN 38401

Phone: 931-540-2790  
Fax: 931-560-4125  
TDD Relay Number: 800-848-0298

## Vaccination Exemptions

- Student born prior to January 1, 1957 **(MMR)**
- Student born prior to 1980 **(Varicella)**
- Students who graduated from a public or private high school in Tennessee in May 1999 or at any point in time thereafter **(MMR)**
- Students who graduated from a public or private high school in Tennessee in May 2016 or at any point in time thereafter **(Varicella)**
- Students who attended a public or private school in Tennessee for grades kindergarten through twelve for any period of time on or after July 1, 2001 **(MMR)**
- Student who provide a signed written statement, affirmed under penalty of perjury, that their religious tenets and practices prohibit their receipt of any type of immunization (note: a parent or guardian must sign the statement of a student if under the age of 18) **(MMR and Varicella)**
- Student with written documentation from a physician certifying that they are allergic to the vaccine **(MMR and Varicella)**
- Student with written documentation from a physician attesting that they have a diagnosed case of all three diseases covered by the MMR vaccine (e.g., measles, mumps, and rubella) and/or varicella (chickenpox).
- Student with written documentation of their laboratory confirmed immunity to all three diseases covered by the MMR vaccine (e.g., measles, mumps, and rubella) and/or varicella (chickenpox).
- Students who are classified as active duty military personnel and provide proof of their active duty service. **(MMR & Varicella)**
- Students who are veterans of the military and provide proof of their veteran status. **(MMR & Varicella)**
- Students who were previously enrolled as a full-time student at a TBR college or university for at least one full semester after August 1, 2007. **(MMR)**
- Students attending part-time **(MMR and Varicella)**

## Second dose only verification required for full-time

- Students who graduated from a public or private Tennessee high school between May 1979 and December 1998 are required to provide proof of receipt after the date of their graduation of the second dose of the MMR vaccination if attending full-time **(MMR)**
- Students who graduated from public or private Tennessee high school between May 1999 and May 2016 are required to provide proof of receipt after the date of their graduation of the second dose of Varicella (chickenpox) vaccination if attending full-time **(Varicella)**

## Waiver Granted for ONE SEMESTER

- Students that are pregnant, nursing or if less than 28 days between the first and second dose of vaccine
  - *Students that have just received their first dose of MMR or the varicella vaccines and are required to wait 28 days between vaccinations must wait until specific waiver periods before a waiver will be granted*