MIDDLE TENNESSEE STATE UNIVERSITY
CERTIFICATION OF IMMUNIZATION

THIS FORM IS REQUIRED BEFORE YOUR FILE CAN BE REVIEWED FOR AN ADMISSION DECISION. ALL INFORMATION PROVIDED MUST BE IN ENGLISH.

EFFECTIVE JULY 1, 1998, THE STATE OF TENNESSEE REQUIRES STUDENTS ENTERING COLLEGES, UNIVERSITIES, AND TECHNICAL INSTITUTES WITH ENROLLMENT OF GREATER THAN 200 STUDENTS TO PROVIDE PROOF OF TWO (2) DOSES OF MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE ON OR AFTER THE FIRST BIRTHDAY OR PROOF OF IMMUNITY TO MEASLES.

If you were born before 1957 please disregard this form since you are considered to have immunity.

PART I
(To be completed by student)

_____
Family Name First Name Middle

_____
DATE OF BIRTH Social Security or MTSU student identification number

PART II
(To be completed and signed by physician.)
(Dates must include month and year.)

MMR-Check appropriate space:

		Month	Year
_____	Immunized with MMR	#1_____	_____
		#2_____	_____
_____	Had disease, confirmed by medical record	_____	_____
_____	Has immune Rubeola titer confirming disease (Rubella not acceptable)	_____	_____

_____ Medically contraindicated because of medical condition (i.e. allergy to vaccine, pregnancy, etc.)
Must list reason(s):_____

Health Care Provider
(Please print unless office stamp is used)

Name_____
Address_____

Signature_____Office Phone _____

PART III
(if applicable)

I refuse immunization because of religious objections, have attached an official clergy statement, and affirm this reason under the penalties of perjury.

Signature_____Date_____