

# Certificate of Immunization

MIDDLE TENNESSEE STATE UNIVERSITY REQUIRES FULL-TIME STUDENTS TO PROVIDE PROOF OF TWO (2) DOSES OF MEASLES, MUMPS, AND RUBELLA (MMR) AND TWO (2) DOSES OF VARICELLA (CHICKEN POX) VACCINE OR PROOF OF IMMUNITY OR DOCUMENTATION OF DISEASE HISTORY FROM A HEALTH CARE PROVIDER. YOU WILL NOT BE ALLOWED TO REGISTER FOR MORE THAN 11.99 HOURS FOR UNDERGRADUATES OR MORE THAN 8.99 HOURS FOR GRADUATES UNTIL AN ACCEPTABLE FORM IS ON FILE AT STUDENT HEALTH SERVICES.

**PART I (to be completed by student)** .....

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student ID No. M \_\_\_\_\_

**PART II (to be completed and signed by physician)** .....

**Varicella (Chicken Pox)**

Please disregard this section if you were born before 1980.

**Varicella**

Check appropriate box:

- Immunized with vaccine 1. month day year \_\_\_\_\_  
2. \_\_\_\_\_
- Had disease confirmed by medical record \_\_\_\_\_
- Has Varicella titer confirming disease immunity \_\_\_\_\_
- Medically contraindicated because of medical condition (i.e. allergy to vaccine, pregnancy, etc.)  
Must list reason(s) \_\_\_\_\_  
\_\_\_\_\_

**Measles, Mumps, and Rubella (MMR)**

Please disregard this section if you were born before 1957 or if you graduated from a TN high school in 1999 or thereafter. Graduate students requesting this exemption may submit a copy of their high school diploma as proof.

**MMR**

Check appropriate box:

- Immunized with vaccine 1. month day year \_\_\_\_\_  
2. \_\_\_\_\_
- Had disease confirmed by medical record \_\_\_\_\_
- Has Rubeola, Mumps, and Rubella titers confirming disease immunity \_\_\_\_\_
- 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 \_\_\_\_\_

Please return to MTSU Health Services, Middle Tennessee State University, Box 237, Murfreesboro, TN 37132; Phone (615) 898-2988; Fax (615) 898-5004; or email to mthealth@mtsu.edu.