DYERSBURG STATE COMMUNITY COLLEGE
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 _____ DSCC ID# _____

PART I
(TO BE COMPLETED BY THE STUDENT)

If born prior to January 1, 1957, please sign the following:
I certify that I was born prior to January 1, 1957, and am, 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 the appropriate box:

Received two (2) doses of measles vaccination since the age of twelve months.
1. MO/YR. _____
2. MO/YR. _____

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

_____

_____

Had disease, confirmed by medical record……. MO/YR._____

Laboratory confirmed immunity to the disease. _____

_____

ATTEST
(Must be signed by a M.D. or D.O.)

Print name of physician:_____

Address:_____

Office Telephone: _____

Physician's signature:_____ Date:_____

RETURN THIS FORM TO: Dyersburg State Community College
Office of Admissions & Records
Student Center
1510 Lake Road
Dyersburg, TN 38024
Telephone: (731) 286-3350
Fax: (731) 286-3325