Immunization forms that require completion should be returned to the DSCC Office of Admissions, 1510 Lake Road, Dyersburg, TN 38024. Applicants are requested to print and return the attached forms unless exempt as previously noted in the Tennessee Department of Health Immunization Requirements for Students Enrollment in Higher Education Institutions in Tennessee (effective July 2011). Please print and return to the Office of Admissions & Records at your earliest convenience.

Tennessee Department of Health Immunization Requirements for Students Enrollment in Higher Education Institutions in Tennessee after July 2011:

(Tennessee Department of Health Rule 1200-14-1-29, revised December 2009)

Who is required to be immunized?  
- New fulltime enrollees in higher education institutions (post-secondary) in Tennessee with enrollments larger than 200 students.
  - New undergraduates enrolled in at least 12 semester hours

Measles, mumps and rubella immunity:  
- Proof of immunity to measles, mumps and rubella may be provided by meeting one of the following 3 criteria:
  - Date of birth before 1957, or
  - Documentation of two doses vaccine against measles, mumps and rubella given at least 28 days apart, excluding doses given earlier than 4 days before the first birthday, or
  - Documentation of blood test (serology) showing immunity to measles, mumps and rubella. If any one of the three is negative, two doses of vaccine must be documented.

Varicella (chickenpox) immunity:  
- Proof of immunity to varicella (chickenpox) is required by meeting one of the following 4 criteria:
  - Date of birth before 1980, or
  - History of chickenpox illness diagnosed by a healthcare provider or verified by a physician, advanced practice nurse or physician assistant to whom the illness is described, or
  - Documentation of two doses of varicella vaccine given at least 28 days apart, excluding doses given earlier than four days before the first birthday, or
  - Documentation of blood test (serology) showing immunity to varicella.

Exemptions from varicella immunization are as follows:  
- If you graduated from a Tennessee high school after May 1, 1999, you will be exempt from the first dose of varicella. Proof of second dose will be required. Official transcript from TN high school required.
- If you have documentation showing attendance of elementary, middle, or high school in Tennessee after July 1, 2001, you will be exempt from first dose of varicella. Proof of second dose is required.

Hepatitis B immunity (only for DSCC students required to have patient contact):  
- Proof of immunity to hepatitis B for students in health sciences prior to patient care duties may be documented in one of the following ways:
  - Documentation of 3 doses of hepatitis B vaccine, or
  - Blood test (serology) showing immunity to hepatitis B virus (or infection)

Valid exemptions to requirements:  
- Medical: Physician or health department indicates that certain vaccines are medically exempted (because of risk or harm). Any vaccines not exempted remain required.
- Religious: Requires a signed statement by the student that vaccination conflicts with his or her religious tenets or practices.

Students who need two doses of vaccine, but cannot get both doses before classes start: Such students may enroll with documentation of one dose of each required vaccine, but the institution should have a policy to require timely submission of proof of complete immunization. Such policies might include not releasing semester grades or not allowing course registration for the next semester until proof of complete immunization is provided.

Location of immunization records: Adults can have difficulty locating childhood immunization records. They should check with family members who may have copies of childhood records. They should try to contact the original immunization provider: if a local health department, contact them directly; if a private medical office, contact that office. Schools may have copies of immunization certificates in student files. Children born after the mid-1990s may have records entered in a state-managed immunization registry; such registries now exist in many states, but are unlikely to contain information on adults. If records cannot be located, vaccination is recommended – additional doses of vaccine are not harmful.
MMR and Varicella Immunization Health History Form

**STUDENT’S NAME____________________________**
**DSCC ID#_____________________

Full-time students must provide documentation of proper immunization for measles, mumps, and rubella (MMR) as well as Varicella (Chickenpox) unless exempt as previously noted in the Tennessee Department of Health Immunization Requirements for Students Enrollment in High Education Institutions in Tennessee (effective July 2011).

For each group below, check the appropriate box that describes how you have met the requirements. Please print and return to the Office of Admissions or the Office of Records at your earliest convenience.

**THE STATE OF TENNESSEE, AS OF JULY 1, 1998, REQUIRES STUDENTS ENTERING HIGHER EDUCATION INSTITUTIONS TO HAVE PROOF OF TWO DOSES OF MEASLES, MUMPS, AND REBELLA VACCINES.**

### MMR – Check ONE box below

<table>
<thead>
<tr>
<th>(TO BE COMPLETED BY A PHYSICIAN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Received two (2) doses of measles vaccination since the age of twelve months.</td>
</tr>
<tr>
<td>1. MO/YR. _____________</td>
</tr>
<tr>
<td>2. MO/YR. _____________</td>
</tr>
<tr>
<td>☐ Medically contraindicated because of pregnancy, allergy to vaccine, etc. Must list reason(s): _______</td>
</tr>
<tr>
<td>☐ Had disease, confirmed by medical record………………………………. MO/YR.________________________</td>
</tr>
<tr>
<td>☐ Laboratory confirmed immunity to the disease……………………….. MO/YR.________________________</td>
</tr>
<tr>
<td>☐ I graduated from a Tennessee high school between May 1979 and December 1998. I am not required to have the first dose but am providing documentation that I have had the second dose. 2nd Dose: MO/YR_____________________</td>
</tr>
</tbody>
</table>

**ATTEST**

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

Print name of physician:_______________________________________________________________

Physician’s signature:_____________________________________ Date:_______________________

**THE STATE OF TENNESSEE, AS OF JULY 1, 2011, REQUIRES STUDENT ENTERING HIGHER EDUCATION INSTITUTIONS TO HAVE PROOF OF TWO DOSES OF VARICELLA (CHICKENPOX) VACCINE.**

### VARICELLA – Check ONE box below

(TO BE COMPLETED BY A PHYSICIAN)

<table>
<thead>
<tr>
<th>Students born before January 1, 1980 are exempt.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Received two (2) doses of Varicella vaccination (must be at least 28 days apart) Students graduating from a TN high school after May, 1999 can be presumed to have had one dose of Varicella vaccine.</td>
</tr>
<tr>
<td>1. MO/YR. _____________</td>
</tr>
<tr>
<td>2. MO/YR. _____________</td>
</tr>
<tr>
<td>☐ Had disease, confirmed by medical record………………………………. MO/YR.________________________</td>
</tr>
<tr>
<td>☐ Laboratory confirmed immunity to the disease……………………….. MO/YR.________________________</td>
</tr>
</tbody>
</table>

**ATTEST**

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

Print name of physician:_______________________________________________________________

Physician’s signature:_____________________________________ Date:_______________________
Hepatitis B Immunization Health History Form

Name: ______________________________         ___________________         ____
     Last                             First                                               MI

Date of Birth: ____________        DSCC ID#: ________________ Phone: (______) ____________
     Month/Day/Year

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning hepatitis B infection to all students matriculating for the first time. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes detailed information about the disease. The required information below includes the risk factors and dangers of the disease as well as information on the availability and effectiveness of the vaccine for persons who are at-risk for the disease. The information concerning this disease is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

A. Hepatitis B (HBV)
   [TO BE COMPLETED BY ALL NEW STUDENTS]

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

   _____ I hereby certify that I have read this information and **I have received the complete three dose series of the Hepatitis B vaccine.**
   Date of completion of the Hepatitis B vaccination series: 1.________/ 2.________/ 3._______

   _____ I hereby certify that I am in the process of completing the three dose series of the Hepatitis B vaccine.

   _____ I hereby certify that I have read this information and **I have elected not to receive the Hepatitis B vaccine.**

Signature of Student or Parent/Guardian (If student is under18):________________________________________ Date:_________

For more information about the Hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at [www.cdc.gov/health/default.htm].

Hepatitis B immunity (only for DSCC students required to have patient contact):
   • Proof of immunity to hepatitis B for students in health sciences prior to patient care duties may be documented in one of the following ways:
     o Documentation of 3 doses of hepatitis B vaccine, or
     o Blood test (serology) showing immunity to hepatitis B virus (or infection)