



Martin Methodist Immunization Requirements

Academic Year 2020-2021

Who is required to be immunized?

Tennessee requires new **full-time** enrollees in higher education institutions with enrollments larger than 200 students to be up to date on immunizations (see [TN Rule Chapter 1200-14-1-.29, 16](#)). Full-time means for undergraduates enrolling in at least 12 semester hours, or equivalent and graduate students enrolling in at least 9 semester hours, or equivalent.

What documentation must the student provide?

	I will be living on campus.	I will not be living on campus.
I graduated from high school in the state of Tennessee after 2016.	<input type="checkbox"/> Hepatitis B Form (pg. 3) <input type="checkbox"/> Meningitis Immunizations	<input type="checkbox"/> Hepatitis B Form (pg. 3)
I did not graduate from high school in the state of Tennessee.	<input type="checkbox"/> Hepatitis B Form (pg. 3) <input type="checkbox"/> Meningitis Immunizations <input type="checkbox"/> MMR Vaccinations <input type="checkbox"/> Varicella Vaccination	<input type="checkbox"/> Hepatitis B Form (pg. 3) <input type="checkbox"/> MMR Vaccinations <input type="checkbox"/> Varicella Vaccination
I am transferring from another college or university.	<input type="checkbox"/> Hepatitis B Form (pg. 3) <input type="checkbox"/> Meningitis Immunizations <input type="checkbox"/> MMR Vaccinations <input type="checkbox"/> Varicella Vaccination	<input type="checkbox"/> Hepatitis B Form (pg. 3) <input type="checkbox"/> MMR Vaccinations <input type="checkbox"/> Varicella Vaccination

All Students: Complete the Hepatitis B Form on page 3 of this document.

All Residential Students: All students living on campus are required to submit proof of Meningitis Immunizations. Students may use page 5 of this document to show proof of Meningitis Immunizations, or submit official medical records directly.

Recent Tennessee Graduates: For students graduating from an accredited high school in the state of Tennessee after 2016, a high school transcript is sufficient documentation for immunizations except Hepatitis B. If the student has submitted her/his high school transcript to Martin Methodist and the student will not be living on campus, the student need only to complete the Hepatitis B Form on page 3 of this document. For Tennessee graduates that will be living on campus, the student will also need additional documentation of Meningitis Immunizations. Students may use page 5 of this document to show proof of Meningitis Immunizations, or submit official medical records directly.

Non-Tennessee Graduates and Transfer students: For students graduating from a high school outside the state of Tennessee AND for students transferring directly from another college or university, students must submit the following:

- Proof of Measles, Mumps and Rubella (MMR) Vaccination
- Proof of Varicella (chickenpox) Vaccination

Students may use page 5 of this document to show proof of MMR and Varicella Vaccinations, or submit official medical records directly.

From where can this information be obtained?

- Original immunization providers (local health departments or private medical offices)
- Schools (many have copies of immunization certificates in student files)
- Children born after the mid-1990's may have records entered in a state-managed immunization registry: "TennIIS" is an online immunization registry system managed by the Tennessee Department of Health.
- If records cannot be located, vaccination is recommended - additional doses of vaccine are not harmful.



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Required Immunizations:

Meningitis Immunization

Required ONLY for residential students living on-campus

- Requirement: Documentation of one dose of meningococcal vaccine given on or after the sixteenth birthday
- Beginning with the Fall 2019 term, all students under age 22 who are enrolling for the first time regardless of the level at which the student is matriculating AND who will be living in on-campus housing, must show proof of adequate immunization against meningitis prior to move in. "Adequate Immunization" means students must have been vaccinated on or after their 16th birthday. On move-in day, those students who have not previously provided such proof must provide it before they can be allowed to move in.

Varicella (chickenpox) Immunity

Proof of immunity to Varicella may be provided by meeting **one** of the following criteria:

- Date of birth before January 1, 1980
- Graduation from a Tennessee high school June 2016 or thereafter
- 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
- Documentation of two doses of varicella vaccine given at least 28 days apart, excluding doses given earlier than four days before the first birthday
- Documentation of blood test (serology) showing immunity to varicella
- A military DD214 form

Measles, Mumps and Rubella Immunity

Proof of immunity to Measles, Mumps and Rubella may be provided by meeting **one** of the following criteria:

- Date of birth before January 1, 1957
- Graduation from a Tennessee high school in 1999 or thereafter
- Documentation of two doses of vaccine against measles, mumps and rubella given at least 28 days apart, excluding doses given earlier than four days before the first birthday
- Documentation of blood test (serology) showing immunity to measles, mumps and rubella. If any one of the three is negative, two doses of the vaccine must be documented.
- A military immunization form or DD214 form will be accepted.
- You may provide an official transcript as documentation if you were previously enrolled at a Tennessee public or private college or university as a full-time student for at least one semester after August 1, 2007.

Recommended Immunizations:

Hepatitis Immunization

See page 3 of this document.

Exemption from Immunizations:

As per [TN Rule Chapter 1200-14-1-.29, 18](#), a student may be exempted from immunization requirements only under the following circumstances: (a) Where a physician determines that a particular vaccine is contraindicated; (b) An individual who has been exempted from a particular vaccination must comply with immunization requirements for any vaccines from which he/she has not been exempted; (c) Where a parent or guardian, or in the case of an adult student, the student, provides to the school a written statement, affirmed under penalties of perjury, that vaccination conflicts with the religious tenets and practices of the parent or guardian, or in the case of an adult student, the student.

See page 4 of this document.

*For more information on Tennessee's requirements for college students,
visit <https://www.tn.gov/health/cedep/immunization-program/ip/immunization-requirements/college-immunization-requirements.html>.*



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Hepatitis B Form - This form is required of all students.

Hepatitis B is a serious disease that affects the liver and can result in lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure and even death. The illness comes in acute as well as in chronic form. Either way, a hepatitis B infection can go completely unrecognized. However, the hepatitis B virus is 50 – 100 times more infectious than HIV. The infection is preventable by vaccination.

Symptoms of hepatitis B can resemble the flu and may include fever, loss of appetite, low energy, joint pain, cramping or nausea and vomiting as well as jaundice (yellow skin or eyes). However, in about 30% of cases, hepatitis B causes no symptoms. Approximately one million people are chronic carriers of the disease, meaning they have no symptoms and may not know they are infected, but are still able to transmit the disease to others. There is no cure for hepatitis B.

Hepatitis B is contagious and spreads when the blood or other body fluids of a person with the virus are absorbed into an individual's blood stream through broken skin or mucous membranes. The virus can live in all body fluids including blood, saliva, semen, and vaginal fluids. It can enter the body through cuts or abrasions in the skin and through mucous membranes of the mouth, vagina, anus, and eyes. Hepatitis B can be transmitted through sexual contact; during contact sports; by helping someone who is injured; by sharing razors, toothbrushes, pierced earrings, or injection drug paraphernalia; or by getting a tattoo or body piercing using non-sterilized instruments. Anyone who comes in contact with blood or body fluids of an infected person is at risk for hepatitis B

College students may be at higher risk for hepatitis B. The highest rate of disease occurs in individuals between the age of 20 and 49. Living in close quarters, like a college dormitory, may increase the risk of exposure to carriers. College students may be exposed to the virus during sexual contact, getting a body piercing or tattoo, sharing needles or razors, during contact sports and other high-risk behaviors. Students in Health Science programs may be exposed to body fluids or tissues from patients with hepatitis B infection and may be at an increased risk for hepatitis B.

The hepatitis B vaccine is safe and effective. You cannot get the disease from the vaccine. Vaccination requires a series of three shots over a six month period. The vaccine protects 96% of those who complete the three shot series. The U.S. Centers for Disease Control and Prevention (CDC) recommends vaccination of everyone age 18 and under. The American College Health Association (ACHA) recommends that all college students be vaccinated. Hepatitis B vaccines may be obtained from your personal physician or your public health center.

I have received detailed information concerning the risk factors for hepatitis B infection and the availability and effectiveness of vaccine for persons who are at-risk of the disease.

I have received and reviewed the information, and have chosen to:

be vaccinated

not to be vaccinated

Student Name _____ Student ID Number _____

Student Signature _____ Date _____

For students under the age of 18:

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____



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Requesting Exemption from Immunizations for Religious Reasons –

This form is required if you would like to request an exemption from the immunization requirement because it conflicts with your religious beliefs and practices.

Pursuant to Tennessee Code Annotated §49-6-5001(b)(2), I, the undersigned, swear or affirm that immunization against is contrary to my religious tenets and practices. I also understand that:

- (1) In the event of an outbreak of one of the diseases listed above, the below-exempted student may be excluded from school by the local health officer or the Department of Public Health and Human Services until the student is no longer at risk for contracting or transmitting that disease; and
- (2) A new affidavit of exemption for the above student must be signed and sworn to yearly, before the start of the school year and kept in the school's records.

I declare under penalty of perjury that the foregoing is true and correct.

Student Name _____

Student ID Number _____

Student Signature _____

Date _____

For students under the age of 18:

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____



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Immunization Verification Form

You may print and take this Immunization Verification Form to your health care provider for completion in lieu of submitting original shot or medical records.

LAST NAME	FIRST NAME	DATE OF BIRTH (MM / DD / YYYY)	MMC ID NUMBER
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REQUIRED VACCINES: * = Required

<p>* Measles, Mumps, Rubella REQUIRED for all degree-seeking students</p> <p><i>Dose 1 MUST be given on or after 1st birthday</i> <i>Dose 2 must have been given at least 4 weeks after Dose 1</i></p> <p>2 doses of MMR vaccine OR Individual vaccines – 2 doses of Measles, 2 doses of Mumps, 1 dose of Rubella OR Blood test titer results confirming immunity - (<u>equivocal and negative results are NOT accepted</u>)</p>	MMR Dose 1 ____/____/____ MM DD YYYY	OR	Measles Dose 1 ____/____/____ MM DD YYYY	Mumps Dose 1 ____/____/____ MM DD YYYY	Rubella Dose 1 ____/____/____ MM DD YYYY
	MMR Dose 2 ____/____/____ MM DD YYYY		Measles Dose 2 ____/____/____ MM DD YYYY	Mumps Dose 2 ____/____/____ MM DD YYYY	
	OR				
		Measles Titer ____/____/____ MM DD YYYY	Mumps Titer ____/____/____ MM DD YYYY	Rubella Titer ____/____/____ MM DD YYYY	*Attached copy of lab results required if providing titer information

<p>* Varicella Vaccine REQUIRED for all degree-seeking students</p> <p>OR Varicella Blood Titer Test (<i>equivocal or negative results are NOT accepted</i>)</p>	Varicella Dose 1 ____/____/____ MM DD YYYY	Varicella Dose 2 ____/____/____ MM DD YYYY	OR	Varicella Titer *Attached copy of lab results required ____/____/____ MM DD YYYY
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<p>* Meningococcal Conjugate (MCV4) REQUIRED for students living in MMC Housing</p> <p>One dose on or after 16th birthday</p>	Meningococcal MCV4 ____/____/____ MM DD YYYY	Please specify vaccine type such as Menactra or Menveo _____
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RECOMMENDED VACCINES (not required):

Hepatitis B	Hep B Dose 1 ____/____/____ MM DD YYYY	Hep B Dose 2 ____/____/____ MM DD YYYY	Hep B Dose 3 ____/____/____ MM DD YYYY
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* Date: REQUIRED	* Healthcare Provider Name (please print): REQUIRED	* Signature and Title: REQUIRED	* Phone Number & Address: REQUIRED
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PROVIDER:

Provide this completed form and a copy of any blood titer tests confirming immunity to the student.

STUDENT:

Submit the completed Immunization Verification Form and all other related documents to Admissions through email at Admissions@MartinMethodist.edu or via fax at 931-363-9803. All immunization records must be submitted by **August 1, 2020** for on-campus/residential students, and by **the first day of classes** for off-campus/commuting students.