



University of Tennessee Southern Immunization Requirements

Who is required to be immunized?

Under Tennessee law, all newly admitted students must meet and submit proof of certain immunizations, with the exception of students who are enrolled in a course of study that is exclusively online.

What immunizations are required?

Meningitis

Required ONLY for students living on-campus

- Requirement: Documentation of one dose of meningococcal vaccine given on or after the sixteenth birthday.
- 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 within seven (7) business days before the date on which the student moves into University housing. "Adequate Immunization" means students must have been vaccinated on or after their 16th birthday.

Varicella (Chickenpox)

- Requirement: Documentation of two doses of varicella vaccine given at least 28 days apart or a (+) antibody titer.
- Students born before January 1, 1980 are exempt.
- Proof must be submitted within seven (7) business days before the first day of classes.

Measles, Mumps, and Rubella (MMR)

- Requirement: Documentation of two doses of vaccine against measles, mumps and rubella given at least 28 days apart or a (+) antibody titer.
- Students born before January 1, 1957 are exempt.
- Proof must be submitted within seven (7) business days before the first day of classes.

In addition, Hepatitis B immunizations are not required but are strongly recommended. All students must complete the Hepatitis B form. See page 2 of this document.

What documentation is required?

Proof of immunization may include:

- A completed Certificate of Immunization form signed by a health care provider;
- An official health department or medical provider immunization card or shot record;
- A titer laboratory report proof of immunity;
- A military form DD 214;
- Active military service - ID must be provided; or
- A form immunization certificate provided by the University (See page 4 of this document.)

Are there exemptions from immunizations?

Yes, a student may be exempted from an immunization requirement in the following circumstances: (a) Where a physician determines that a particular vaccine is contraindicated and the student provides a written certification from the physician; or (b) Where a parent or guardian, or in the case of an adult student, the student, provides to the University 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.

An individual who has been exempted from a particular vaccination must comply with immunization requirements for any vaccines from which the individual has not been exempted.

See page 3 of this document.



University of Tennessee Southern Immunization Requirements

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 (or am already 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 _____

STUDENT:

Submit the completed Hepatitis B Form and all other related documents to Admissions through email at rhood5@utsouthern.edu or via fax at 931-363-9803.

All immunization records must be submitted within seven (7) business days before the date on which the student moves into University housing for on-campus/residential students, or seven (7) business days before the first day of classes for off-campus/commuting students.



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Religious Exemption Form

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

The following indicated immunizations conflict with my religious tenets and practices:

- Measles
- Mumps
- Rubella
- Varicella
- Meningitis
- Other

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 _____

STUDENT:

Submit the completed Religious Exemption Form to the Vice Chancellor of Student Affairs through email at dcmaste@utsouthern.edu or via fax at 931-363-9803.

All immunization records must be submitted within seven (7) business days before the date on which the student moves into University housing for on-campus/residential students, or seven (7) business days before the first day of classes for off-campus/commuting students.



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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) | UTS ID NUMBER |
|-----------|------------|--------------------------------|---------------|

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 Dose 2 must have been given at least 4 weeks after Dose 1</i></p> <p><i>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>)</i></p> | OR | <p>MMR Dose 1</p> <p>___/___/___ MM DD YYYY</p> <hr/> <p>MMR Dose 2</p> <p>___/___/___ MM DD YYYY</p> | OR | <p>Measles Dose 1</p> <p>1</p> <p>___/___/___ MM DD YYYY</p> <hr/> <p>Measles Dose 2</p> <p>2</p> <p>___/___/___ MM DD YYYY</p> | <p>Mumps Dose 1</p> <p>___/___/___ MM DD YYYY</p> <hr/> <p>Mumps Dose 2</p> <p>___/___/___ MM DD YYYY</p> | <p>Rubella Dose 1</p> <p>___/___/___ MM DD YYYY</p> | |
| OR | | | | <p>Measles Titer</p> <p>___/___/___ MM DD YYYY</p> | <p>Mumps Titer</p> <p>___/___/___ MM DD YYYY</p> | <p>Rubella Titer</p> <p>___/___/___ MM DD YYYY</p> | <p>*Attached copy of lab results required if providing titer information</p> |
| <p>* Varicella Vaccine REQUIRED for all degree-seeking students</p> <p><i>OR Varicella Blood Titer Test (equivocal or negative results are NOT accepted)</i></p> | <p>Varicella Dose 1</p> <p>___/___/___ MM DD YYYY</p> | <p>Varicella Dose 2</p> <p>___/___/___ MM DD YYYY</p> | OR | <p>Varicella Titer</p> <p>*Attached copy of lab results required</p> <p>___/___/___ MM DD YYYY</p> | | | |
| <p>* Meningococcal Conjugate (MCV4) REQUIRED for students living in University Housing</p> <p>One dose on or after 16th birthday</p> | <p>Meningococcal MCV4</p> <p>___/___/___ MM DD YYYY</p> | <p>Please specify vaccine type such as Menactra or Menveo</p> <p>_____</p> | | | | | |

RECOMMENDED VACCINES (not required):

| | | | |
|--------------------|---------------------------|---------------------------|---------------------------|
| Hepatitis B | Hep B Dose 1 | Hep B Dose 2 | Hep B Dose 3 |
| | ___/___/___ MM DD YYYY | ___/___/___ MM DD YYYY | ___/___/___ MM DD YYYY |

| | | | |
|----------|--|------------------------|---------------------------|
| * Date: | * Healthcare Provider Name (please print): | * Signature and Title: | * Phone Number & Address: |
| REQUIRED | REQUIRED | REQUIRED | REQUIRED |

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 rhoad5@utsouthern.edu or via fax at 931-363-9803.

All immunization records must be submitted within seven (7) business days before the date on which the student moves into University housing for on-campus/residential students, or seven (7) business days before the first day of classes for off-campus/commuting students.