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 (MMR,) AND effective July 2011, proof of two doses of Varicella (chicken pox), administered on or after the first birthday, is required for full-time students defined as students taking 12 hours or more of academic credits. This form must be completed and signed by a licensed doctor of medicine or osteopathy and returned to Motlow College. An official copy of a State Health Department or military immunization form will be accepted.

STUDENT'S NAME: ___________________________ ID# ______________________

PART I
(TO BE COMPLETED BY A PHYSICIAN)

Immunized (since the age of 12 months)  MMR: #1 Mo/Yr ___________ #2 Mo/Yr ___________
Varicella: #1 Mo/Yr ___________ #2 Mo/Yr ___________

Had disease, confirmed by medical record  MMR: Mo/Yr __________ Varicella: Mo/Yr __________

Laboratory confirmed immunity  MMR titer: Mo/Yr __________ Varicella titer: Mo/Yr __________

Medically contraindicated because of pregnancy, allergy to vaccine, etc.  MMR __________ Varicella __________

Must list reason(s): ____________________________________________________________
______________________________________________________________________________

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

Print name of physician: _________________________________________________________

Address: _____________________________________________________________________

_______________________________________Office Telephone___________________________

Physician’s signature: __________________________ Date: _____________________________

PART II

I refuse immunization of MMR ______ Varicella ______ because of religious objections, have attached statement, and affirm this reason under the penalties of perjury.

Signature of Student __________________________ Date _____________________________

Signature of Parent/Guardian (if student under 18): __________________________ Date _______________________

Vaccination Exemptions:
• Student born prior to January 1, 1957 (MMR)
• Student born prior to January 1, 1980 (Varicella)

RETURN THIS FORM TO: Motlow State Community College
P. O. Box 8500 Dept 520 Phone: 931-393-1524
Lynchburg, TN 37352-8500 Fax: 931-393-1809