

In accordance with Tennessee Department of Health Rule 1200-14-1-.29, all students enrolled on a full time basis on or after August 1, 2011, must be immunized against measles, mumps, rubella and varicella (chickenpox). In addition, all health science students that are expected to have patient contact also must be immunized against hepatitis B. Distance learning and part-time students are exempt from these requirements.

As evidence that these immunization requirements have been satisfied, this form must be completed and submitted to the Campus Registrar by all incoming students enrolling in one of Vatterott's Tennessee schools on a full time basis on or after August 1, 2011. This form also must be signed by a qualified healthcare provider (physician, advanced practice nurse, physician assistant, or public health nurse of a Tennessee public health department).

Students unable to obtain all necessary doses of a vaccine prior to the start of class still may attend class, provided that they can produce documentation demonstrating that they have obtained at least one dose by their first day of class. Students must produce documentation establishing that all remaining doses have been obtained prior to the start of their fourth phase, or they may not be permitted to continue. Students may be subject to involuntary withdrawal if they are unable to obtain all remaining doses and return to class prior to violating the school's attendance policy. Students able to establish that they are putting forth a good faith effort to obtain the remaining dose(s) may be allowed to continue to attend at the discretion of the Campus Director.

Student Name: _____

Date of Birth ___/___/___

Measles, Mumps, Rubella (Please check one)

- Born before 1957, therefore presumed immune through past illness
- 2 doses of measles, mumps, and rubella vaccines (no earlier than 4 days before 1st birthday and \geq 28 days apart)
Dates: ___/___/___ and ___/___/___
- Serology (IgG) showing immunity to measles, mumps and rubella: Year _____
- Medical exemption (vaccination is contraindicated because of excess risk of harm)
- Incomplete vaccination. One dose of vaccine given ___/___/___,
next dose after ___/___/___

Varicella (Chickenpox) (Please check one)

- Born before 1980, therefore presumed immune through past illness
- Healthcare provider (below) believes student had chickenpox: Year of illness (optional) _____
- 2 doses of varicella vaccine (no earlier than 4 days before 1st birthday and \geq 28 days apart)
Dates: ___/___/___ and ___/___/___
- Serology (IgG) showing immunity to varicella: Year _____
- Medical exemption (vaccination is contraindicated because of excess risk of harm)
- Incomplete vaccination. One dose of vaccine given ___/___/___,
next dose after ___/___/___

Hepatitis B (Please check one)

- 3 doses of hepatitis B vaccine: Dates ___/___/___, ___/___/___ and ___/___/___
- Serology (IgG) showing immunity to hepatitis B: Year _____
- Incomplete vaccination. One dose of vaccine given ___/___/___,
second dose after ___/___/___, third dose after ___/___/___

Healthcare Provider

Printed Name: _____

Address: _____

Signature: _____ Date: ___/___/___