Immunization Health History Form All Students Must Complete



Name					[Date
1115 15	LAST	FIRST	MIDDI			
WS ID		Date of Birth	Pi	none: ()	
To Re	Completed by	New Applicants Only				
The Generation of law required diseases. and effect for Diseases.	eral Assembly of the oncerning measles, i ires that such studer The required inforn ctiveness of vaccines se Control and the A	State of Tennessee mandates that eac mumps, rubella, varicella, and hepatition its complete and sign a waiver form properties that its factors a for persons who are at-risk for these of merican College Health Association.	s B infections to rovided by the and dangers of diseases. The in	o all students r institution that these diseases nformation con	matriculating for t includes detaile s as well as inforr ocerning each dis	the first time. Tennesse d information about the nation on the availability ease is from the Centers
		t students receive vaccination for enro ement for the vaccine.	llment. Furthe	rmore, the inst	itution is not req	uired by law to provide
Hepolitiver cancer mitted have prime able. prevedose Misser if onlines about the control of the	atitis B (HBV) is a that can lead to cher, liver failure, and ed by blood and or no symptoms where ary risk factors for ting drug use. This Hepatitis B vaccine and Hepatitis B virals of vaccine are receded doses may still by one or two have a record of safety a unity in most cases. I hereby certify that I have elected not I hereby certify that I have elected to rand/or I am in the	Immunization I serious viral infection of the ronic liver disease, cirrhosis, liver deven death. The disease is transbody fluids and many people will en they develop the disease. The Hepatitis B are sexual activity and disease is completely preventer is available to all age groups to I infection. A series of three (3) quired for optimal protection. De sought to complete the series been acquired. The HBV vaccine and is believed to confer lifelong in the series of the Hepatitis B vaccine. It have read this information and to receive the Hepatitis B vaccine. It have read this information and to receive the Hepatitis B vaccine. It have read this information and to receive the Hepatitis B vaccine. It have read this information and to receive the Hepatitis B vaccine. The Hepatitis B vaccine of the Hepatitis B vaccine.	Mease red, wa diarrhe Mump tiredne Compli ovaries tissue of mening Rubell and red is preg could be Varice itching, severe or deat You can effective	Varicella In els, causes feverale, pneumonia es, pneumonia es, loss of applications can in covering the bigitis), and, rare did itchy eyes. In ant, she coule born with sella (chicken, fever, and tir skin infection in protect againe vaccination thereby certify	mplications can a, brain damage er, headache, m betite, and swol include swelling flammation of to irain and spinal ely, death. er, sore throat, if a woman gets ld have a misca erious birth def pox) causes blaced erious birth def pox) causes blaced erious birth def pox) causes blaced enst these diseases.	ns, runny nose, and include ear infection, e, and death. uscle aches, len salivary glands. of the testicles or the brain and/or cord (encephalitis/ rash, headache, rubella while she rriage or her baby fects. ister-like rash, ications can include onia, brain damage,
	nture of Student		 	have elected vaccines. hereby certify have elected	not to receive th that I have read t to receive the M	his information and the MMR and Varicella his information and MR and Varicella
PARENT	GUARDIAN MUST SIGN IF STU	IDENT IS UNDER THE AGE OF 18				ocess of receiving the aricella vaccines.

For more information about these diseases and the vaccine schedules, please contact your local health care provider or consult the Center for Disease Control and Prevention Website at www.cdc.gov/health/default.htm.

Date