



Certificate of Immunization

Tennessee Tech University requires full-time students to provide proof of two (2) doses of Measles, Mumps, and Rubella (MMR) and two (2) doses of Varicella (Chicken Pox) vaccine or proof of immunity or documentation of disease history from a health care provider. You will not be allowed to register for more than 11.99 hours for undergraduates or more than 8.99 hours for graduates until an acceptable form is on file at JJ. Oakley Health Services. Religious exemptions may be requested. An original signed and notarized statement, affirmed under penalties of perjury that the vaccination conflicts with the religious tenets and practices of the student must be submitted to JJ. Oakley Health Services in-person or by mail.

Part 1
(to be completed by student)

Name _____

Date of Birth _____ Student T No. _____

Part 2
(to be completed and signed by physician)

Varicella (Chicken Pox)

Please disregard this section if you were born before 1980.

Varicella

Check one appropriate box:

- Immunized with vaccine

| | | |
|--------------|------------|-------------|
| Month | Day | Year |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
- Had disease confirmed by medical record _____
- Has Varicella titer confirming disease immunity _____
- Medically contraindicated because of medical condition (i.e. allergy to vaccine, pregnancy, etc.)
Must list reason(s): _____

Measles, Mumps and Rubella (MMR)

Please disregard this section if you were born before 1957.

MMR

Check one appropriate box:

- Immunized with vaccine

| | | |
|--------------|------------|-------------|
| Month | Day | Year |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
- Had disease confirmed by medical record _____
- Medically contraindicated because of medical condition (i.e. allergy to vaccine, pregnancy, etc.)
Must list reason(s): _____

Meningitis – Required if living on TN Tech campus under the age of 22

A dose of conjugate vaccine protecting against strains A, C, Y & W135 (Either Menactra or Menveo)

The most recent dose must be on or after your 16th birthday

Dose 1 date: _____
(Booster Dose if prior to your 16th birthday)
Dose 2 date: _____

Health Care Provider
(please print unless office stamp is used)

Name _____

Address _____

Signature _____ Office Phone # _____

Please return this form to JJ. Oakley Health Services

10 W. 7th Street
Campus Box 5096
Cookeville, TN 38505-0001

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F. 931-372-3848
E. healthservices@tntech.edu