UNIVERSITY OF MEMPHIS
CERTIFICATE OF IMMUNIZATION

TENNESSEE STATE LAW requires all entering college students to have up-to-date immunizations (i.e., immunity against measles, mumps, and rubella). This record must be completed before registration and reflect proof of 2 MMR vaccinations administered on or after your first birthday, or documented proof of immunity.

Exemptions may include allergy to a vaccine component, other valid medical conditions or religious tenets prohibiting vaccinations. If you believe you are entitled to an exemption based on one of the preceding grounds, you must contact Student Health Services at the University of Memphis prior to registration. If an exempted student contracts measles, mumps, or rubella, or if a measles, mumps, or rubella outbreak occurs, it will be the student's responsibility to remain off campus until a physician gives written permission for the student to return to campus.

All documentation should be brought, faxed or mailed to Student Health Services. Acceptable documents are: official immunization cards or documents from Public Health Departments, DD214 military forms, official documentation from prior universities or this form signed by your physician. Photocopies are acceptable. Originals will not be returned.

Please disregard this form if you were born before 1957 or if you graduated from a TENNESSEE public or private high school in 1999 or after. Graduate Students requesting this exemption may submit a copy of their high school diploma if they graduated from a Tennessee high school after 1999.

*If you are attending **PART-TIME** you are not required to provide documentation of your MMR immunizations however, if your status changes to full-time you must provide this documentation before you can register.*

IMPORTANT NOTE: ADEQUATE DOCUMENTATION OF IMMUNIZATIONS MUST BE SUBMITTED TO STUDENT HEALTH SERVICES BEFORE YOU CAN REGISTER AS A FULL-TIME STUDENT.

NAME (Print)____
Last Name First Name Middle Initial

Birth Date ____________________ **Student ID# U**________________________________ **Phone** ______________________________

Current Mailing Address ____
(Street) (City) (State) (Zip)

Semester Entering ❑Fall ❑Spring ❑Summer **Year Entering** __________

Check appropriate box: **Month/Day/Year**

❑ Dates immunized with MMR vaccine #1 _____/_____/_______

#2 _____/_____/_______

❑ Medically contraindicated because of medical condition
(i.e., allergy to vaccine or neomycin, etc.)
List reasons____ and attach physician statement

❑ Refuses immunization because of religious objections
Form may be obtained at Student Health Services _____/_____/_______

❑ Has immune Titer confirmation of MMR (must show proof of <u>all three</u> titer tests) _____/_____/_______

_____/_____/_______

HEALTH CARE PROVIDER:

NAME____ ADDRESS ____

PROVIDER SIGNATURE ____ PHONE ____

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Please return to: STUDENT HEALTH SERVICES, UNIVERSITY OF MEMPHIS, MEMPHIS, TN 38152 or fax this form to 901-678-3124.

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