#### UNIVERSITY OF MEMPHIS CERTIFICATE OF IMMUNIZATION

**TENNESSEE STATE LAW** requires all students entering the University of Memphis to provide documentation showing their immunizations are up-to-date. Documentation must contain proof of 2 MMR and 2 Varicella immunizations or proof of immunity. The MMR is the combination immunization for the Measles, Mumps, and Rubella and the Varicella immunization is for Chicken Pox.

IMPORTANT NOTE: Acceptable documentation of immunizations must be submitted to the Student Health Center before a student can register as a *full-time* student. Forms missing personal information, such as the Student ID number, will take additional processing time and will delay the student's ability to register for full-time credit hours. For questions concerning immunization requirements, please call the Student Health Center at **(901) 678-2287.** 

#### Meningitis Immunization Requirement for New Students Living In Any University of Memphis Residence

The State of Tennessee requires all new students under the age of 22 who will be living in a University of Memphis residence to be immunized against meningococcal disease on or after their 16th birthday and provide proof of receiving this immunization. If this documentation is not provided, students will not be allowed to move into their residence.

| NAME (Print)(Last Name)   |  |  |             |                    |                    |  |
|---|--|--|-------------|--------------------|--------------------|--|
| (Last Name)   | (First                                 | Name)                                  | (Middle In  | itial)             |                    |  |
| Birth Date  | Student ID# U                          |  | Phone       |                    |                    |  |
| Current Mailing Address   |  |  |             |                    |                    |  |
| Semester Entering □Fall   | (Street) □Spring □Summer               | (City) Year Entering                   | (State)     | (Zip)              |                    |  |
| MMR (Measles, Mumps, Rubella) Immunization  |  |  |             |                    |                    |  |
| You are NOT required to complete if you graduated from a <u>TENNESSE</u> high school diploma showing they   | <u>E</u> high school in 1999 or after. |  | •           | Date<br>MM/DD/YYYY | Date<br>MM/DD/YYYY |  |
| MMR (Measles, Mumps, Rubella)   | – 2 immunizations required.            |  |             |                    |                    |  |
| Has immunity confirmed by the M   | MR titer lab test. A copy of the       | e results for all three titer tests is | s required. |                    |                    |  |
|   | Varicella                              | (Chicken Pox) Imm                      | nunization  |                    |                    |  |
| You are NOT required to complete this section of the form, if you were born before January 1, 1980 or if you will be a part-time student or if you graduated from a <u>TENNESSEE</u> high school after June 1, 2016.  Date  MM/DD/YYYY  |  |  |             |                    | Date<br>MM/DD/YYYY |  |
| Varicella (Chicken Pox) – 2 immunizations required.   |  |  |             |                    |                    |  |
| Documented history of Varicella (Chicken Pox) or Shingles from a health care practitioner.  |  |  |             |                    |                    |  |
| Has immunity confirmed by the Varicella Zoster IgG lab test. A copy of the results for Varicella IgG Zoster test is required.   |  |  |             |                    |                    |  |
| Meningitis Immunization   |  |  |             |                    |                    |  |
| Before moving into their residence, new students under the age of 22 who will be living in a University of Memphis residence must provide documentation of receiving a Meningitis immunization given on or after their 16 <sup>th</sup> birthday. If this documentation is not provided, students will not be allowed to move into their residence. |  |  |             |                    |                    |  |
| Meningitis – 1 immunization given on or after 16 <sup>th</sup> birthday.  |  |  |             |                    |                    |  |
| When immunizations are medic contraindicated and why the im   |  |  |             |                    |                    |  |
| Religious exemptions may be requested. An original signed and <u>notarized</u> statement, affirmed under penalties of perjury that the vaccination conflicts with the religious tenets and practices of the student must be submitted to the Student Health Center in-person or by mail.  |  |  |             |                    |                    |  |
| HEALTH CARE PROVIDER CERTIFICA  | TION:                                  |  |             |                    |                    |  |
| Providers NAME (Print):   |  | ADDRESS:                               |             |                    |                    |  |
| SIGNATURE of PROVIDER: PHONE:   |  |  |             |                    |                    |  |

## **Immunizations Required Under Tennessee State Law**

All students registering as full-time students at the University of Memphis must provide proof of immunizations. Documentation of 2 MMR immunizations or proof of immunity for Measles, Mumps, and Rubella and documentation of 2 Varicella immunizations or proof of immunity for Varicella (Chicken Pox) are required. New students under the age of 22 who will be living in University housing must show proof of receiving 1 Meningitis immunization given on or after their 16th birthday, before moving into their residence. Acceptable documentation and special notes concerning these requirements are listed below. Documentation must be in English. Photocopies and faxed documentation are acceptable as originals cannot be returned.

#### Acceptable documents are:

- > The Certificate of Immunization form completed and signed by health care provider
- A copy of an official immunization card
- Shot record from your local Public Health Department
- ➤ Military form DD214
- Active Military ID must be provided
- Official documentation from a prior college or university showing immunization dates
- Proof of Immunity
  - A positive result for all three components of the MMR (Measles, Mumps, Rubella) Titer test
  - A positive result for the Varicella Zoster IgG (Chicken Pox) test
    - Or if diagnosed with the disease of Chicken Pox or Shingles, the student must provide documentation from a healthcare provider (i.e. physician, nurse practitioner, etc) confirming when the student had the disease.

#### MMR - Special Notes

- > Graduate students who graduated from a Tennessee high school in May 1999 or after may send a copy of their high school diploma or documentation of 2 MMR immunizations
- Students who graduated from a Tennessee high school between May 1979 and May 1998, must provide documentation of ONE MMR immunization given after their graduation date or documentation of 2 MMR immunizations
- The following students are not required to provide MMR documentation
  - If you were born before 1957, a Part-time student (If status changes to full-time, documentation must be provided.), or an
     Undergraduate student who graduated from a Tennessee high school in May 1999 or thereafter.

#### Varicella/Chicken Pox - Special Notes

- Students who graduated from a Tennessee high school between May 1999 and May 2016, must provide documentation of ONE Varicella immunization given after their graduation date or documentation of 2 Varicella immunizations
- ➤ The following students are not required to provide Varicella documentation
  - If you were born before January 1, 1980 or a Part-time student (If status changes to full-time, documentation must be provided.), or graduated from a Tennessee high school after June 1, 2016.

#### Meningitis - Special Notes

<u>Before</u> moving into their university residence, new students under the age of 22 and planning to live in a University of Memphis residence must provide proof of receiving the immunization on or after their 16<sup>th</sup> birthday. If this documentation is not provided before move-in day, students may not be able to move into their residence.

#### Not able to locate MMR or Varicella documentation? Your options are:

#### Have the test for immunity

- If any component of the MMR Titer test is not positive, BOTH immunizations must be taken again
- If the Varicella Zoster test is not positive, BOTH immunizations must be taken again

#### Have both immunizations again

Because the immunizations must be given 30 days apart, after the student has their first immunization, a temporary 30 day waiver will
be given so the student can register for full-time credit hours.

#### Note:

If an exempted student contracts Measles, Mumps, Rubella, or Varicella, or if a Measles, Mumps, Rubella, or Varicella 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.

### Meningococcal Meningitis and Hepatitis B Immunization Health History Form

| Name:   |   |  |   |  | 8  |  |
|---|---|--|---|--|--|--|
|   | Last  | _  | First   | MI   |  |  |
| Date of   | f B <u>irth:</u> Month/Day/Year   | UofM ID#:  | U   | Phone:   | 10<br>-17  |  |
| nforma<br>campus<br>cuch stu<br>equired<br>he resp<br>Control | tion concerning hepatiti<br>housing for the first tim<br>idents complete and sign<br>d information below inco<br>pective vaccines for pers<br>and the American Colle  | s B infection to all<br>ne must also be in<br>n a waiver form pol<br>ludes the risk factor<br>ons who are at-ris<br>ge Health Associat | students entering the informed about the risk of rovided by the institution or and dangers of each k for the diseases. The ion. | meningococcal meningitis info<br>n that includes detailed inform<br>disease as well as information<br>information concerning these | nose students who will be living in on-<br>ection. Tennessee law requires that |  |
| A.  | Hepatitis B (HBV)   |  |   |  |  |  |
|   | Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease. cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.  |  |   |  |  |  |
|   | I hereby certify that I have read this information and I have received the complete three dose series of the Hepatitis B vaccine.   |  |   |  |  |  |
|   | I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.   |  |   |  |  |  |
|   | I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine and/or I am in the process   |  |   |  |  |  |
|   | of receiving the complete three close series of the Hepatitis B vaccine   |  |   |  |  |  |
| Sig   | nature of Student or Pare   | ent/Guardian (if stu   | ident is under 18):   | 7.2  | Date:  |  |
| В.  | Meningococcal Meni  | ngitis   |   |  |  |  |
|   | Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococcemia (bacteria in the blood). Meningococcal disease strikes about 3.000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission. primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention and treatment is required to avoid serious illness and or death.   |  |   |  |  |  |
|   | There are 5 different subtypes (called sereogroups) of the bacterium that causes Meningococcal Meningitis. The current vaccine does not stimulate protective antibodies to Serogroups B. but it does protect against the most common strains of the disease, including serogroups A. C. Y and W-135. The duration of protection is approximately three to five years. The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to two days. The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) recommends that college freshmen (particularly those who live in dormitories or residence halls) be informed about meningococcal disease and the benefits of vaccination and those students who wish to reduce their risk for meningococcal disease be immunized. Other undergraduate students who wish to reduce their risk for meningococcal disease may also choose to be vaccinated. |  |   |  |  |  |
|   | I hereby certify that I have read the information and I have received the vaccine for Meningococcal Meningitis  |  |   |  |  |  |
|   | _ I hereby certify tha  | t I have read this i   | nformation and <u>I <b>have e</b></u>   | lected not to receive the vaccing  | e for Meningococcal Meningitis.  |  |
|   | I hereby certify that I have read the information and I have elected to receive the vaccine for Meningococcal Meningitis.   |  |   |  |  |  |
| Çi  | nature of Student or Pare   | ant/Guardian (if st  | ident is under 101.   |  | Date   |  |

# University of Memphis Tuberculosis (TB) Testing Certification

| Na  | me (   | (Print)  |                                |                           |                                    |                      |  |  |  |  |
|---|--|--|--------------------------------|---------------------------|------------------------------------|----------------------|--|--|--|--|
|   |  | (Last Name)  |                                | (First Name)              |                                    | (Middle Initial)     |  |  |  |  |
| Bir   | Birthdate Student ID# Phone #  |  |                                |                           |                                    |                      |  |  |  |  |
| CI-   | (MM/DD/YYYY)   |  |                                |                           |                                    |                      |  |  |  |  |
| Cn<br>I   | oose   | ose One:   |                                |                           |                                    |                      |  |  |  |  |
|   |  | I am from one of the following countries and am not required to have the TB skin test (Please circle):               |                                |                           |                                    |                      |  |  |  |  |
|   |  | AMERICAN REGION: USA, Bermuda, British Virgin Islands, Canada, Cayman Islands, Chile, Costa Rica, Cuba, Jamaica,     |                                |                           |                                    |                      |  |  |  |  |
|   |  | Saint Kitts and Nevis, Puerto Rico, Saint Lucia, Trinidad, Virgin Islands  |                                |                           |                                    |                      |  |  |  |  |
|   |  | EUROPE: Albania, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, |                                |                           |                                    |                      |  |  |  |  |
|   |  | Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Slovakia, Slovenia, Sweden, Switzerland, United          |                                |                           |                                    |                      |  |  |  |  |
|   |  | Kingdom  |                                |                           |                                    |                      |  |  |  |  |
|   |  | WESTERN PACIFIC: American Samoa, Australia, New Zealand  |                                |                           |                                    |                      |  |  |  |  |
|   |  | MIDDLE EAST: Israel, Jordan, Lebanon, United Arab Emirates   |                                |                           |                                    |                      |  |  |  |  |
|   |  | Please provide a copy of your passport or green card   |                                |                           |                                    |                      |  |  |  |  |
|   |  |  |                                |                           |                                    |                      |  |  |  |  |
|   |  | I have documentation of a NEGATIVE TB skin test (under 11 millimeters) completed in the US within the last 6 months  |                                |                           |                                    |                      |  |  |  |  |
|   | Please attach copy of official TB Test record (include date applied, date read and results)    |  |                                |                           |                                    |                      |  |  |  |  |
|   | ☐ I have documentation of a POSITIVE TB skin test completed in the US within the last 6 months |  |                                |                           |                                    | onths                |  |  |  |  |
| Please attach a copy of the official TB test record of t results) |  | ecord of the positiv   | e test result (include date ap | oplied, date read and     |                                    |                      |  |  |  |  |
|   |  | Please attach a copy of a interpretation by a licens   |                                | completed in the L        | IS within the last 6 months w      | vith written medical |  |  |  |  |
|   |  | I have documentation of  | treatment for TB,              | , completed <u>in the</u> | <u>US</u> within the last 6 months |                      |  |  |  |  |
|   | Please attach a copy of the official TB treatment record                                       |  |                                |                           |                                    |                      |  |  |  |  |
|   |  |  |                                |                           |                                    |                      |  |  |  |  |

T-SPOT Test

The following types of documentation are not acceptable:

QuantiFERON Test

Tine Test

#### **Tuberculosis (TB) Requirements**

Students who are not citizens of the United States and come from TB endemic countries are required to have a TB skin test (known also as a PPD) upon arrival on campus. **Note:** Students who are required to have a TB (PPD) Skin test will have a **registration hold** placed on their account. Students will not be able to register for courses until the hold is removed. The hold will not be removed until the TB (PPD) requirement is completed. We recommend early arrival to have the test applied as soon as you arrive at the university in order to avoid late registration fees from the Registrar's Office.

#### **University Student Health Center**

The test is available at the Health Center on Mondays, 8:00 am until 3:30 pm, Tuesdays, 9:00 am until 3:30 pm, and Wednesdays, 8:00 am until 3:30 pm at a cost of \$30.

- International students must bring their I-20 form and photo identification (such as a passport) with them when requesting the TB
  (PPD) Skin test at the Health Center
- Students with permanent resident cards must bring their permanent resident card with them when requesting the TB (PPD) Skin test at the Health Center.
- Once a TB (PPD) Skin test is placed the student must return within 48-72 hours to have it read (tests **cannot** be read prior to 48 hours nor after 72 hours).
- Students with a positive TB (PPD) Skin test will be required to have a Chest X-Ray. The cost of the Chest X-Ray is \$30.
- If students have documentation of a positive TB (PPD) Skin test, they must provide this information to avoid repeat testing. Students who previously had a positive TB (PPD) Skin test will be required to have a Chest X-Ray. The cost of the Chest X-Ray at the university health center is \$30.

#### **Community Clinics**

Students may choose to have the TB (PPD) Skin test performed at a community clinic such as an urgent care facility or a convenience clinic. Once the test is read, students must provide written documentation of their test to the Health Center.

- Once a TB (PPD) Skin test is placed the student must return within 48-72 hours to have it read (tests cannot be read prior to 48 hours nor after 72 hours).
- Students with a positive TB (PPD) Skin test will be required to have a Chest X-Ray.
- TB (PPD) Skin tests and Chest X-rays done outside the US are not acceptable. All chest x-rays must be done in the United States.
- If students have documentation of a positive TB (PPD) Skin test, they must provide this information to avoid repeat testing. Students who previously had a positive TB (PPD) Skin test will be required to have a Chest X-Ray. Documentation may be faxed or brought to the Health Center.
- TB (PPD) Skin tests with a negative test result and applied and read in the US within six (6) months prior to registration are acceptable. Documentation may be faxed or brought to the Health Center.
- A Chest X-Ray done in the US within six (6) months prior to registration is acceptable. Documentation may be faxed or brought to the Health Center.

#### Some Community Clinic Options:

Christ Community Clinic https://www.christcommunityhealth.org/

Church Health Center https://churchhealth.org/
Memphis Health Center https://memphishealthcenter.org/
Shelby County Health Department http://www.shelbytnhealth.com/Facilities

The Shot Nurse https://shotnurse.com

Students from the countries listed below are NOT required to have the TB (PPD) Skin test because Tuberculosis is not endemic in these countries:

AMERICAN REGION: USA, Bermuda, British Virgin Islands, Canada, Cayman Islands, Chile, Costa Rica, Cuba, Jamaica, Saint Kitts and Nevis, Puerto Rico, Saint Lucia, Trinidad, Virgin Islands EUROPE: Albania, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Slovakia, Slovenia, Sweden, Switzerland, United Kingdom WESTERN PACIFIC: American Samoa, Australia, New Zealand MIDDLE EAST: Israel, Jordan, Lebanon, United Arab Emirates

#### **Frequently Asked Questions**

#### Why do I need to be screened for TB?

The US Center for Disease Control and Prevention (CDC) recommends screening individuals from countries where TB is endemic or relatively common. This requirement was established because of concern for the health of the students to be tested and for the protection of the entire university community. A TB test can detect whether you have any form of TB infection. This is the first step in making a diagnosis and, if necessary, securing appropriate treatment.

- What is the process for TB skin testing? First, you will meet with a health care provider who will injected a small amount of fluid called PPD under the top layer of skin on your lower arm. Next, you will need to return in person 48-72 hours later for the test reaction on your arm to be examined by an appropriate health care provider. If the reaction is not significant, or there is no reaction (negative), then you have not been exposed to TB bacteria. If the reaction of your arm is significant (positive), a chest x-ray will be required to rule out active TB in the lungs.
- What if my TB test is positive? A chest x-ray will be required to check for active TB in the lungs. If the chest x-ray is normal and you have no symptoms of active TB, you most likely have inactive (latent) TB. If you have an abnormal chest x-ray or symptoms of active TB, you may be required to have additional tests.
- What does a chest x-ray show? A chest x-ray is required after a positive PPD result. The x-ray shows whether you have active TB. Even if the chest x-ray does not show TB, you will need to be evaluated by the Memphis Shelby County Health Department on whether you require medication to prevent the development of Tuberculosis. All individuals with a positive TB (PPD) skin test and negative chest x-ray are strongly urged to consider taking antibiotics to prevent inactive (latent) TB infections from developing into active disease.

#### • What if I am diagnosed with TB infection?

Most people have inactive (latent) TB, which cannot be transmitted and does not cause symptoms. Treatment with antibiotics is recommended in order to prevent active TB. You can attend school normally. Active TB can be transmitted and is very serious, sometimes causing permanent damage. It is curable with appropriate medicine, and treatment with antibiotics is required.

- Will TB test results affect my visa or student status? Having TB will NOT affect your visa or student status. Students who have TB infection are not discriminated against in any way. The health care provider must report cases of active TB to county health departments for investigation of possible transmission of others. Otherwise, health records are confidential and cannot be released without patient consent. Your TB test result will not appear on your academic documents.
- What are the side effects of these tests?

The skin test will not make you sick. It may cause swelling, itching or tenderness at the injection site, which usually disappears within a week. You can continue normal activities.

- What if I have dual or multiple citizenships/nationalities? The requirement for TB screening is determined by your country of
  citizenship/nationality as stated on your I-20 form.
- I already had a TB test (or treatment). Can I meet the requirement by bringing documentation? You still need to participate in the TB screening. You can meet the requirement by providing the following documentation IN ENGLISH, and including your NAME:
  - 1. Negative TB skin test, reaction size in millimeters, done in the United States within 6 months prior to registration, **OR**
  - 2. Positive skin test, reaction size in millimeters performed within the United States within 6 months prior to registration AND normal chest x-ray (report preferred) performed within the United States within 6 months of registration, all chest x-rays must be done in the US. A written medical interpretation by a licensed Radiologist is required. A copy of the chest x-ray report from a foreign country is not acceptable, **OR**
  - 3. Documentation of treatment for active or inactive (latent) TB, completed in the United States within 6 months of registration. Chest x-ray may be required.

The following types of documentation are not acceptable: Tine test, QuantiFERON test, T-SPOT test

- I got a BCG vaccine in my country. Do I still need to test? Yes, you do. The BCG is only about 50% effective so you can still get TB.

  The BCG may give a positive PPD. A positive TB skin test in someone who has had BCG means they most likely have inactive (latent) TB.
- What if I don't comply with the screening requirement? You will not be permitted to register for classes until you are screened for TB. If you are in the United States on a visa, this may affect your ability to stay in the US. Contact the International Students Office for any questions concerning noncompliance.