

Emmanuel Christian Seminary **Proof of Immunization Record**

NOTICE: To comply with the **State of Tennessee Department of Health regulations**, <u>all</u> students must provide proof of immunization as requested per this form. **Failure to provide proof of immunization will result in not being allowed to attend class, and/or have access to campus housing.**

	Section A: Student Information	n and L	loolth Inguran				
Full Name:	Section A: Student information	n and F		rthdate:			
			BI	Tilluate			
Address:							
City/State/Zip:							
Email:							
Primary Phone Contac	ot:		□ Cell □ Work	□ Home □ Other			
Secondary Phone Contact:			□ Cell □ Work □ Home □ Other				
Month and Year of En	try: S	tatus:	□ Full-time □ Graduate	□ Part-time □ Undergraduate			
Health Insurance Com	pany:			·			
Policy I	Holder Name:			Policy #:			
	Section B: Notice of Required and F	Recomr	mended Vaccii	nations			
Require	ed (All Full-Time Students)			commended			
	MMR Varicella		F	Hepatitis B Polio			
Meningococcal	(if under age 22 <u>and</u> living on campus)		•	DTaP, DT, Tdap			
			Meningococ	cal (if living on campus)			
on-campus housing must a factors and dangers of each diseases. The information For more information about www.cdc.gov/health/defauthepatitis B (HBV) is a ser disease is transmitted by b for hepatitis B are sexual a age groups. A series of thr	he Hepatitis B infection to all students entering the also be informed about the risk of meningococcal menth disease as well as the availability and effectiveness concerning these diseases is from the Centers for Dist these diseases and vaccines, please contact your load. It.htm. All students are required to respond to the lious viral infection of the liver that can lead to chronic allood and/or body fluids, and many people will have not citivity and injection drug use. This disease is complete en acquired. The HBV vaccine has a record of safety and acquired. The HBV vaccine has a record of safety and injection the liver that can lead to chronic allowed and injection drug use. This disease is complete the contact of the liver that can lead to chronic allowed and injection drug use. This disease is complete the contact of the liver that can lead to chronic allowed and injection drug use.	ningitis infe s of the res sease con ocal health statemer liver disease o sympton tely prever ction. Miss	ection. The required spective vaccines for trol (CDC) and the locare provider or visits below and signate, cirrhosis, liver as when they developed with the Hepsed doses may still	d information below includes the risk for persons who are at risk for the American College Health Association. sit the CDC website at naccordingly. cancer, liver failure, and even death. The lop the disease. The primary risk factors patitis B vaccine which is available to all I be sought to complete the series if only			
I hereby certify that	I have read this information about Hepatitis B (HBV) a	and have	elected not to rec	eive the Hepatitis B vaccine.			
I hereby certify that	I read this information and have received the initial of	dose of t	he Hepatitis B vac	ccine on/			
brain and spinal cord) or mesponsible for about 300 cand without warning. Rapid of the bacterium that cause protect against the most cofive years. The vaccination days. The Advisory Comm freshman (particularly those that those students who will may choose to be vaccinated.	s a rare but potentially fatal bacterial infection, expression and content and the blood). Meningococcide aths annually. The disease is spread by airborne tradiction and treatment is required to avoid seriouse Meningococcal Meningitis. The current vaccine does memon strains of the disease including serogroups A, is very safe. Adverse reactions are mild and infreque littee on Immunization Practices (ACIP) of the Centers e who live in dormitories or residence halls) be inform ship to reduce their risk for disease to be immunized. A feed.	cal disease ansmissions illness is not stime C, Y, and ent consist is for Diseated about any underg	e strikes about 3,00 n primarily by coug and/or death. Ther- ulate protective ant I W-135. The durati ting primarily of red ase Control and Pre- meningococcal dis graduate students v	00 Americans each year and is phing. The disease can onset very quickly e are five different subtypes (serogroups) ibodies to Serogroups B, but it does ion of protection is approximately three to lness at the injection site lasting up to two evention (CDC) recommends that college ease and the benefits of vaccination and who wish to reduce their risk for disease			
	I have read this information and have received the M						
	Thave read this information and liave received the W	neminguc	occar mennigitis V				
Student Signature:				Date:			
Page 1 of 2 Version 9/9/2019		P.O. Box		eminary at Milligan College 82			



Emmanuel Christian Seminary **Proof of Immunization Record**

Student Name:		Birthdate:							
		Section	C: Proof o	f Immuniza	ation				
	NOTICE: To be completed and signed					al copy o	of your im	munization	records.
						In lieu of vaccination			on
Vaccine		Date (mm/dd/yy)	Date (mm/dd/yy)	Date (mm/dd/yy)	Total Doses	Sero Posi (mm/do	tive	Disease History (mm/yy)	Medical Exemption
pa	MMR (Born after 1956, 2 doses OR + serology) Measles Mumps								
Required	Rubella								
	Varicella (Born after 1979, 2 doses OR + serology OR history of chicken pox)								
	Meningococcal (MCV4) (1 Dose on or after 16 th birthday if under age 22)								
nded	Hepatitis B (3 doses; Required for students in health science prior to patient care.)								
שַׁר	Polio (Primary series)								
Recommended	Tetanus (DPT, DTap, DT, Tdap; with TD booster within 10 years)								
	within 10 years)				<u>l</u>				
Гub	erculosis SCREENING for Interna	tional Stud	lents ONLY	: Required to	be done i	in the U	S. within	the past 1	2 months.
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Page **2** of **2** Version 9/9/2019 Return form to: Emmanuel Christian Seminary at Milligan College

P.O. Box 550

Milligan College, TN 37682