

**MOTLOW STATE COMMUNITY COLLEGE
CERTIFICATE OF IMMUNIZATION (MMR AND VARICELLA)**

The state of Tennessee as of July 1, 1998, requires students entering colleges, universities and technical institutes to have proof of two doses of Measles, Mumps, and Rubella (MMR,) **AND** effective July 2011, proof of two doses of Varicella (chicken pox), administered on or after the first birthday, is required for full-time students defined as students taking 12 hours or more of academic credits. This form must be completed and signed by a licensed doctor of medicine or osteopathy and returned to Motlow College. An official copy of a State Health Department or military immunization form will be accepted.

STUDENT'S NAME: _____ **ID#** _____

**PART I
(TO BE COMPLETED BY A PHYSICIAN)**

Immunized (since the age of 12 months) MMR: #1 Mo/Yr _____ #2 Mo/Yr _____

Varicella: #1 Mo/Yr _____ #2 Mo/Yr _____

Had disease, confirmed by medical record MMR: Mo/Yr _____ Varicella: Mo/Yr _____

Laboratory confirmed immunity MMR titer: Mo/Yr _____ Varicella titer: Mo/Yr _____

Medically contraindicated because of pregnancy, allergy to vaccine, etc. MMR _____ Varicella _____

Must list reason(s): _____

**ATTEST
(Must be signed by an M.D. or D.O.)**

Print name of physician: _____

Address: _____

_____ Office Telephone _____

Physician's signature: _____ Date: _____

PART II

I refuse immunization of MMR _____ Varicella _____ because of religious objections, have attached statement, and affirm this reason under the penalties of perjury.

Signature of Student _____ Date _____

Signature of Parent/Guardian (if student under 18): _____ Date _____

Vaccination Exemptions:

- Student born prior to January 1, 1957 (**MMR**)
- Student born prior to January 1, 1980 (**Varicella**)

RETURN THIS FORM TO:

**Motlow State Community College
P. O. Box 8500 Dept 520
Lynchburg, TN 37352-8500**

**Phone: 931-393-1524
Fax: 931-393-1809**