



Attention Students and Parents:

Two doses of MMR (measles, mumps, rubella) are required for full-time students, born after 1957, who are attending Tennessee colleges and universities. Students and parents should also consider the need for the meningococcal vaccine, particularly for students who will be living in a dormitory. ¹ This documentation must be provided to the LeMoyne-Owen College Office of Admissions and Recruitment **BEFORE** students can register or attend classes.

Any one of the following will satisfy the College's and the State's immunization requirements:

- Two immunizations containing the measles vaccine given after age 12 months; OR
- Laboratory proven documentation of immunity to measles supplied by a health care provider; OR
- Medical contraindication to the vaccination with valid reason supplied by a health care provider; OR
- Refusal of vaccination due to religious objections (must be accompanied by a signed statement of refusal).

Pediatricians, family doctors, and/or County Health Departments are generally where people receive their immunizations. Request a copy of your immunizations from your health care provider and maintain this record in your personal file. If you graduated from a Tennessee high school in 1999 or after, you might have met this requirement; however, you are still required to show proof of two MMR doses.

YOU WILL NOT BE ALLOWED TO REGISTER FOR CLASSES UNTIL ADEQUATE DOCUMENTATION OF IMMUNIZATION IS ON FILE.

The form on the reverse side of this sheet must be completed and signed by a health care provider and returned to the Office of Admissions and Recruitment before enrollment. An official copy of the "Permanent Tennessee Certificate of Immunization," Form PH-2414, a comparable form from another state's Health Department, or a signed medical record from your doctor will be acceptable substitutes. Photocopies are acceptable; do not send originals, as they will not be returned.

In the event you must obtain a new vaccination, you may contact your private physician or a local health department clinic. Should you have any questions, please call the Office of Admissions and Recruitment at (901) 942-7302 or (800) 737-7778.

PSC 5/29/02

¹ <http://State.tn.us/health/CEDS/required.htm>

LeMOYNE-OWEN COLLEGE CERTIFICATE OF IMMUNIZATION

TENNESSEE STATE LAW requires this record be completed before registration and reflect proof of two (2) doses of MMR vaccinations administered on or after your first birthday, or documented proof of immunity to measles.

Name (Print) _____
Last First M. I.

Birth Date _____ SSN# _____ Phone # _____

Current mailing address _____
(Street) (City) (State) (Zip)

Semester entering _____

Your health care provider must sign this form. A permanent Tennessee Certificate of Immunization Form 2414, a comparable form from another state's Health Department, or a signed medical record from your Doctor will be acceptable substitutes. Photocopies are acceptable; do not send originals, as they will not be returned. Please disregard this form if you were born before 1957.

Measles (Rubella) – Check appropriate box: Month / Year

Date immunized with MMR vaccine ____ / ____

Date immunized with live Rubella vaccine ____ / ____

Medically contraindicated because of medical condition (example: allergy to vaccine or neomycin)
List reasons _____ ____ / ____
Attach physician statement.

Refuses immunization because of religious objections ____ / ____
Attach physician 's statement.

Immune: Confirmed by health care provider office record.

Has immune titer confirmation of disease
Specify type of titer _____

HEALTH CARE PROVIDER:

Name _____ Phone _____

Address _____

Signature _____