

## Office of Admissions

1480 Nashville Pike Gallatin, TN 37066 v. 615-230-3688 f. 615-230-4875

## Immunization Health History Form All Students Must Complete Top Portion

Name:						
		Last	First	MI		
Date of B	irth:	Month/Day/Year	_ Phone: (	_)		
		(TO E	BE COMPLETED BY	COMPLETED BY NEW APPLICANTS ONLY)		
concerning students below inc	ng measles, r complete and ludes the risl these diseas	numps, rubella, varice d sign a waiver form p c factors and dangers	ella, and hepatitis B in rovided by the institution of these diseases as	each public or private postsecondary institution in the state provide information fections to all students matriculating for the first time. Tennessee law requires ion that includes detailed information about these diseases. The required inforwell as information on the availability and effectiveness of vaccines for person se is from the Centers for Disease Control and the American College Health	that such mation	
		quire that students r eimbursement for th		for enrollment. Furthermore, the institution is not required by law to prov	⁄ide	
	Hepatitis B The disease factors for F age groups	e is transmitted by blood Hepatitis B are sexual to prevent Hepatitis B o complete the series i	Il infection of the liver od and or body fluids a activity and injecting viral infection. A serie	that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and eand many people will have no symptoms when they develop the disease. The pdrug use. This disease is completely preventable. Hepatitis B vaccine is avaise of three (3) doses of vaccine are required for optimal protection. Missed doses been acquired. The HBV vaccine has a record of safety and is believed to constitution.	orimary risk ilable to all es may still	
	I here	by certify that I have r	ead this information	and I have had the entire series of the Hepatitis B vaccine.		
	I here	by certify that I have r	ead this information	and I have elected not to receive the Hepatitis B vaccine.		
				and I have elected to receive the Hepatitis B vaccine and/or I am in se series of the Hepatitis B vaccine.		
	Measles, N	Measles, Mumps, Rubella (MMR) and Varicella Immunizations				
		auses fever, rash, o	cough, runny nose,	and red, watery eyes. Complications can include ear infection, diarrhe	a, pneu monia	
	swelling of		ies, deafness, inflar	redness, loss of appetite, and swollen salivary glands. Complications cammation of the brain and/or tissue covering the brain and spinal cord	an include	
	Rubella ca miscarriage	uses fever, sore throe or her baby could	oat, rash, headache be born with serious	, and red, itchy eyes. If a woman gets rubella while she is pregnant, she is birth defects.	e could have a	
		chickenpox) causes a, brain damage, or		ning, fever, and tiredness. Complications can include severe skin infecti	on, scars,	
	You can pr	otect against these	diseases with safe,	effective vaccination.		
	I here	by certify that I have r	ead this information	and I have had the entire series of the MMR and Varicella vaccines.		
	I here	I hereby certify that I have read this information and I have elected not to receive the MMR and Varicella vaccines.				
				and I have elected to receive the MMR and Varicella vaccines elete series of MMR and Varicella vaccines.		
Signatur (Parent/G	e ofStudent	t sign if student is und	ler the age of 18)	Date		

For more information about these diseases and the vaccine schedules, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at www.cdc.gov/health/default.htm.