SOUTHWESTTENNESSEE COMMUNITY COLLEGE

Prevention Web site at www.cdc.gov/health/default.htm.

IMMUNIZATION HEALTH HISTORY FORM

All students must complete top portion

Name _	Last		First		Middle Initial
ate of	Birth	Phone ()		
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		O BE COMPLETED BY NI		•	
neasles omple isk fac	eneral Assembly of the State of Tennessee n s, mumps, and rubella, varicella, and hepatite te and sign a waiver form provided by the instances and dangers of these diseases as well as formation concerning each disease is from the	tis B infections to all student titution that includes detailed information on the availabilit	s matriculating for the information about the y and effectiveness of	he first time. Tennessee ese diseases. The require of vaccines for persons w	e law requires that such students d information below includes the who are at-risk for these diseases
	w does not require that students receive vaccinement for the vaccine.	cination for enrollment. Furth	nermore, the institution	on is not required by la	w to provide vaccination and/o
	Hepatitis B (HBV) Immunization Hepatitis B (HBV) is a serious viral infection disease is transmitted by blood and or both for Hepatitis B are sexual activity and injute to prevent Hepatitis B viral infection. A secomplete the series if only one or two have cases.	ly fluids and many people will ecting drug use. This disease eries of three (3) doses of vac	Il have no symptoms is completely prevention are required for	when they develop the ntable. Hepatitis B vacc optimal protection. Mis	disease. The primary risk factors ine is available to all age groups seed doses may still be sought to
	I hereby certify that I have read	this information and I have ha	d the entire series of	the Hepatitis B vaccine.	
	I hereby certify that I have read	this information and I have el	ected not to receive the	he Hepatitis B vaccine.	
	I hereby certify that I have read the complete three dose series of		ected to receive the H	Iepatitis B vaccine and/o	r I am in the process of receiving
	Measles, Mumps, Rubella (MMR) and Measles causes fever, rash, cough, runny n death.		mplications can inclu	ide ear infection, diarrhe	a, pneumonia, brain damage, and
	Mumps causes fever, headache, muscle a testicles or ovaries, deafness, inflammation				
	Rubella causes fever, sore throat, rash, hea baby could be born with serious birth defe		woman gets rubella	while she is pregnant, sh	e could have a miscarriage or he
	Varicella (chickenpox) causes blister-like damage, or death.	rash, itching, fever, and tiredr	ess. Complications c	an include severe skin in	nfection, scars, pneumonia, brain
	You can protect against these diseases with	n safe, effective vaccination.			
	I hereby certify that I have read	this information and I have ha	d the entire series of	the MMR and Varicella	vaccines.
	I hereby certify that I have read	this information and I have el	ected not to receive th	he MMR and Varicella v	accines.
	I hereby certify that I have read receiving the complete series of			MMR and Varicella vacci	ines and/or I am in the process o
ignatu	re of Student			Date	
Parent/	re of Student	ge of 18)			

Please return to the Admissions and Records Office, Southwest Tennessee Community College, P.O. Box 780, Memphis, TN 38101-0780, or fax to (901) 333-4473, or e-mail to admissions@southwest.tn.edu.