

Student Health Services

Certificate of Immunizations

MTHHealth@mtsu.edu

f: 615-494-8866



Name (clearly print): _____

MTSU ID: M _____

Date of Birth (mm/dd/yyyy): _____

Primary Cellphone: _____

INSTRUCTIONS: Immunization information must be completed, uploaded, and approved in order to register for full time classes at Middle Tennessee State University. **The health care provider's signature and office stamp (with address and phone number) must be noted in the appropriate space or a copy of medical records with evidence of required immunizations must be provided.** An alternate proof of immunity (titers) or medical exemptions documenting contraindication of vaccinations may be attached. You may request an exemption for medical/religious reasons – see Health Services website for more information.

How to Submit: Immunization forms must be uploaded to the Student's Patient Portal. Dates must be correctly entered into the portal as well in order for them to be reviewed and approved. If you need more information or any assistance, please go to <https://mtsu.edu/healthservices/immunizations.php>

Required Immunizations

Varicella (Chicken Pox) All students born on or after January 1, 1980 must provide proof of immunization with two doses of Varicella vaccine at least 28 days apart, serology (titer) showing immunity to Varicella or documentation from a medical facility verifying a previous diagnosis with the illness.	YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR 1st BIRTHDAY Dose 1 date: _____ (must be on or after your 1st birthday) Doses 1&2 must be 28 days apart Dose 2 date: _____ Dose 3 date: _____ (booster if your 1st dose was before your 1st birthday) Date of Illness: _____ IF UNABLE TO OBTAIN PROOF OF VACCINATION AND IF YOU HAD THE DISEASE AS A CHILD, YOU MAY OBTAIN A SEROLOGY TEST (TITER) POSITIVE Varicella IgG Titer date: _____
MMR (Measles, Mumps, Rubella) Students born on or after January 1, 1957 must provide proof of immunization with two (2) doses of MMR vaccine at least 28 days apart or serology (titer) showing immunity to MMR.	YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR 1st BIRTHDAY Dose 1 date: _____ (must be on or after your 1st birthday) Doses 1&2 must be 28 days apart Dose 2 date: _____ Dose 3 date: _____ (booster if your 1st dose was before your 1st birthday) Date of Illness: _____ IF UNABLE TO OBTAIN PROOF OF VACCINATION AND IF YOU HAD THE DISEASE AS A CHILD, YOU MAY OBTAIN A SEROLOGY TEST (TITER) POSITIVE Measles IgG Titer POSITIVE Mumps IgG Titer POSITIVE Rubella IgG Titer Titer date: _____ Titer date: _____ Titer date: _____
Meningitis – Required if living on MTSU campus A dose of conjugate vaccine protecting against strains A, C, Y & W135 (either Menactra® or Menveo®)	THE MOST RECENT DOSE MUST BE ON OR AFTER YOUR 16TH BIRTHDAY Dose 1 date: _____ (Booster Dose if prior to your 16th birthday) Dose 2 date: _____

Provider's Signature: _____

Practice Stamp:

Provider's Name: _____

Date: _____