Varicella (Chicken Pox)
Certificate of Immunization

MIDDLE TENNESSEE STATE UNIVERSITY REQUIRES FULL-TIME STUDENTS TO PROVIDE PROOF OF TWO (2) DOSES OF VARICELLA (CHICKEN POX) VACCINE OR PROOF OF IMMUNITY OR DOCUMENTATION OF DISEASE HISTORY FROM A HEALTH CARE PROVIDER. YOU WILL NOT BE ALLOWED TO REGISTER FOR MORE THAN 11.99 HOURS FOR UNDERGRADUATES OR MORE THAN 8.99 HOURS FOR GRADUATES UNTIL AN ACCEPTABLE FORM IS ON FILE IN THE STUDENT HEALTH SERVICES OFFICES.

Please disregard this form if you were born before 1980.

PART I
(to be completed by student)

Name ______________________________________________________________________________________________________

Date of birth ____________________________________________ Student ID No. M ____________________________________

PART II
(to be completed and signed by physician)
(Dates must include month and year)

Varicella-Check appropriate box:

☐ Immunized with Varicella vaccine 1. __________   ___________  __________
2. __________   ___________  __________

☐ Has Varicella titer confirming disease immunity __________   ___________  __________

☐ Medically contraindicated because of medical condition
   (i.e. allergy to vaccine, pregnancy, etc.)
   Must list reason(s): ________________________________________________________

☐ History of disease _________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________

Signature of Provider ______________________________________________________

Health Care Provider
(Please print unless office stamp is used)

Name ______________________________________________________________________________________________________

Address _____________________________________________________________________________________________________

Signature ______________________________________________________________ Office phone _________________________

PART III
(If applicable)

I refuse immunization because of religious objections, have attached an official clergy statement, and affirm this reason under the penalties of perjury.

Signature _____________________________________________________________________________________ Date  ______________________________

Please return to: MTSU Health Services, Middle Tennessee State University, Box 237, Murfreesboro, TN 37132; Phone: (615) 898-2988; FAX (615) 898-5004

A Tennessee Board of Regents University

MTSU is an equal opportunity, nonracially identifiable, educational institution that does not discriminate against individuals with disabilities.  SA052-0111
Notification of Varicella (Chicken Pox) Immunization Policy

Who is required to be immunized?
New full-time enrollees in higher education institutions (post-secondary) in Tennessee with enrollments larger than 200 students.

- New undergraduates enrolled in at least 12 semester hours, or equivalent
- New graduate students enrolled in at least 9 semester hours, or equivalent

Who is exempt?

- Date of birth before 1980
- Full-time distance learning students are exempted from immunization requirements
- Medical exemption: Physician or health department indicates that certain vaccines are medically exempted (because of risk of harm). Any vaccines not exempted remain required.
- Religious exemptions: Requires a signed statement by the student that vaccination conflicts with his or her religious tenets of practices.

How do I show proof of immunity? (Use form on back of page)

Proof of immunity to varicella (chicken pox) is required by meeting one of the following three criteria:
1. History of chicken pox illness diagnosed by a health care provider or verified by a physician, advanced practice nurse or physician assistant to whom the illness is described, or
2. Documentation of two doses of varicella vaccine given at least 28 days apart, excluding doses given earlier than 4 days before the first birthday, or
3. Documentation of blood test (serology) showing immunity to varicella.

YOU WILL NOT BE ABLE TO REGISTER FOR FULL-TIME HOURS UNTIL AN ACCEPTABLE FORM IS ON FILE IN THE STUDENT HEALTH SERVICES OFFICE. Documents may be faxed to 615-898-5004. Please include student name and MTSU ID # (M#) or date of birth on all documents.

Where can I get the vaccine?

- The vaccine is available at MTSU Health Services for $115 per dose (price subject to change). Call 615-898-2988 to schedule an appointment.
- Check with your local health care provider or health department for availability.

Where can I get the blood test to check for immunity?

- Students may get a Varicella titer blood test at the MTSU Health Services.
- Students may visit their local health care provider for this test.
- Blood tests to check for evidence of immunity are not available through health departments.

I am having trouble finding my records. Any suggestions?

Adults can have difficulty locating childhood immunization records. Check with family member, original immunization provider, local health department, or previous schools attended. If records cannot be located, vaccination is recommended. Additional doses of vaccine are not harmful. For more information, visit http://twis.tn.gov or http://health.state.tn.us/CEDS/required.htm.

We hope you found the information above to be helpful. If you have further questions, please call Health Services at 615-898-2988.