

Certificate of Immunization

Name: _____ UTM ID _____
(Last) (First) (MI)

Date of Birth (M/D/Y): _____ Primary Telephone: (____) _____ - _____

Plan to live in on-campus housing? (circle one): **YES** **NO**

INSTRUCTIONS: Immunization information must be completed, uploaded, submitted, and approved in order to register for classes at The University of Tennessee at Martin. The health care provider's signature and office stamp must be noted in the appropriate space or a copy of medical records with evidence of immunizations must be provided. Medical exemptions documenting contraindication of vaccinations or an alternate proof of immunity (i.e. titers) may be attached.

How to Submit: Immunization forms must be uploaded to the Student Wellness Portal. Dates must be correctly entered into the portal as well in order for them to be reviewed and approved. Recognized exemptions from immunizations include being enrolled exclusively online or in a dual-enrollment program where no on-campus experiential component is included, medical contraindications, and religious objections. If you need more information or any assistance, please go to <https://www.utm.edu/offices-and-services/student-health/immunization-compliance.php>.

IMMUNIZATION REQUIREMENTS

Vaccine	Notations	Date of Dose	Health Care Provider Stamp
MMR (2 Doses) (Measles, Mumps, Rubella)	REQUIRED: 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 (titers) showing immunity to MMR.	Dose 1 _____ Dose 2 _____ or Titer Result: _____	
VARICELLA (2 Doses or Proof of Disease) (Chicken Pox)	REQUIRED: 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 (titers) showing immunity to Varicella or documentation from a medical facility verifying a previous diagnosis with the (supporting documentation must be uploaded).	Dose 1 _____ Dose 2 _____ or Date of Illness: _____ or Titer Result: _____	
Meningitis MCV4 ACWY	REQUIRED: New incoming students who are younger than 22 years of age and who will live in campus housing must provide proof of receiving a dose of quadrivalent conjugate vaccine (MCV4 protects against strains: A, C, W, Y) at greater than or equal to 16 years of age. Any student not living on campus who has not received a dose of quadrivalent conjugate vaccine within the past five years may choose to be vaccinated to reduce the risk of meningococcal disease. Students who are living off-campus must sign the Meningitis Off-Campus Housing Waiver.	Dose _____	

IMMUNIZATION RECOMMENDATIONS

Tetanus or Tdap	RECOMMENDED within last 10 years. Tetanus vaccine can help prevent tetanus disease, commonly known as "lockjaw", a serious disease that causes painful tightening of the muscles, usually all over the body, especially the jaw. This vaccine is recommended, not required. Tdap also contains protection from Pertussis (whooping cough).	☐ Tetanus ☐ Tdap Dose _____	
Hepatitis B (Series of 3 doses)	RECOMMENDED: Students may upload documentation and input dates of Hepatitis B dosing. For information on Hepatitis B, please refer to the Centers for Disease Control and Prevention website. Proof of immunization with a three-dose regimen and a (+) antibody titer may be required by some allied health programs.	Dose 1 _____ Dose 2 _____ Dose 3 _____	
COVID-19 (Circle One) PFIZER MODERNA JANSSEN J&J OTHER: _____	RECOMMENDED: Students may upload documentation and input dates of COVID dosing. For information on COVID, please refer to the Centers for Disease Control and Prevention website.	Dose 1 _____ Dose 2 _____ Dose 3 _____ Dose 4 _____	
Hepatitis A	RECOMMENDED: Students may upload documentation and input dates of Hepatitis A dosing. For information on Hepatitis A, please refer to the Centers for Disease Control and Prevention website.	Dose 1 _____ Dose 2 _____	
Meningococcal Serogroup B	RECOMMENDED: Students may upload documentation and input dates of Meningitis B dosing. For information on Meningitis B, please refer to the Centers for Disease Control and Prevention website.	Dose 1 _____ Dose 2 _____	
Human Papillomavirus (HPV)	RECOMMENDED: Students may upload documentation and input dates of HPV dosing. For information on HPV, please refer to the Centers for Disease Control and Prevention website.	Dose 1 _____ Dose 2 _____ Dose 3 _____	