The University Of Tennessee At Martin
Student Health Services
Certificate Of Immunization

The State of Tennessee requires first time students to provide proof of immunity or immunization for measles, mumps, rubella (MMR) and Varicella (Chicken Pox) unless contraindicated by a medical condition documented by a physician’s statement, laboratory proven documentation of immunity supplied by a health care provider or contraindicated due to religious beliefs.

Instructions:
This form must be completed in order to attend classes at The University of Tennessee at Martin. The health care provider’s signature or stamp must be provided in the appropriate space or you may attach an official immunization record.

☐ I was born before January 1, 1956, therefore I am exempt from the required MMR immunization.
☐ I was born before January 1, 1980, therefore I am exempt from the required Chicken Pox immunization.
☐ I have attached a physician’s statement documenting medical contraindication or immunity
☐ I have attached the Religious Exemption Form:

Required Vaccine:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Given</th>
<th>Health Care Provider’s Name &amp; Signature/Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td>Dose #1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose #2</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>Dose #1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dose #2</td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td>Dose #1</td>
<td>vaccination must not be older than 5 years</td>
</tr>
</tbody>
</table>

is required if you are under 22 years old & live on-campus

Office of International Programs will need the completed form before your arrival to UT Martin
Fax: 731-881-7322 or E-mail: TIEP@utm.edu

Student Name: ___________________________  First Name: ___________________________

Date of Birth: [____] [____] [_____]

Student I.D. Number: [____] [____] [____] [____] [____] [____] [____] [____]