



TENNESSEE COLLEGE
OF APPLIED TECHNOLOGY
ELIZABETHTON

Student Name: _____

To be completed by the appropriate healthcare provider. All immunizations must be up to date according to regulations. Provide the date of the most recent immunization or titer.

For measles, mumps and rubella, the immunization record must reflect two vaccinations since 1978 or proof of immunity unless born prior to 1957.

Measles, Mumps & Rubella (MMR)

() Born prior to 1957 *or*

() Immunized with MMR twice *or*

() Positive titer (blood test that indicates immunity) Date: _____

Varicella (Chicken Pox)

() History of disease verified from a healthcare Practitioner *or*

() Proof of two doses of Varicella Vaccine *or*

() Positive titer (blood test that indicates immunity) Date: _____

Hepatitis B

() Series of three immunizations completed *or*

() Process of receiving immunization series *or*

() Positive titer (blood test that indicates immunity) Date: _____

(Please provide all dates if series in process)

Tetanus- *needed every 10 years* Date: _____

I certify that these immunizations are current and accurate.

Signature of Health Care Provider: _____ **Date:** _____

Please enclose a copy of the results of the Complete Blood Count (CBC) with the completed physical