

Memphis College of Art

Immunization Documentation for New Students in a Tennessee Higher Education Institution

Please use this form to provide a record that as a new student you have met the requirement of the Tennessee Department of Health (Rules Chapter 1200-14-1-.29) for immunity to varicella (chicken pox). This must be signed by a qualified health care provider (physician, advanced practice nurse, physician assistant, or public health nurse of a Tennessee public health department).

Student Name: _____ Date: _____

Varicella or "chickenpox" (check one, if indicating vaccination or serology, dates required)

- Born before 1980, therefore presumed immune through past illness, or
- The health care provider named below believes the student has had chickenpox: Year of illness (optional): _____, or
- 2 doses of varicella vaccine (given no earlier than 4 days before 1st birthday, > 28 days apart)
Dates: _____ and _____, or
- Serology (IgG) positive for varicella: Year _____, or
- Medical examination (vaccination is contradicted because of an excess risk of harm)
- Incomplete. One dose of vaccine given _____, next dose due after _____

Health Care Provider (name, address, and signature) :

Signature: _____ Date: _____