

# Cleveland State

## COMMUNITY COLLEGE

Dear Student Applicant:

**Effective July 1, 1998, proof of immunization with two doses of Measles, Mumps and Rubella vaccines, administered on or after the first birthday, will be required for attendance to all universities and colleges with an enrollment of greater than two hundred students. Effective April 30, 1999, this requirement applied only to full-time students. Students who register as part-time will have the requirements listed below waived, but will not be allowed to register as full-time until the immunization records are complete.**

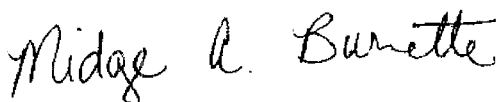
In an attempt to maintain a safe and healthy campus environment, Cleveland State Community College requires that all full-time entering students, born after 1956, furnish documented proof of having immunity or having been immunized with two doses of MMR vaccine. You may be exempt from this requirement for medical reasons, but must provide documentation from your medical physician.

By state law (Tenn. Code Annotated § 49-6-5001), immunizations are not required if they “conflict with the parents’ or guardians’ (or individuals over 18) religious beliefs and practices, affirmed under the penalties of perjury.” They are also not required if “a qualified physician shall certify that administration of such immunization would be in any manner harmful to the child involved.”

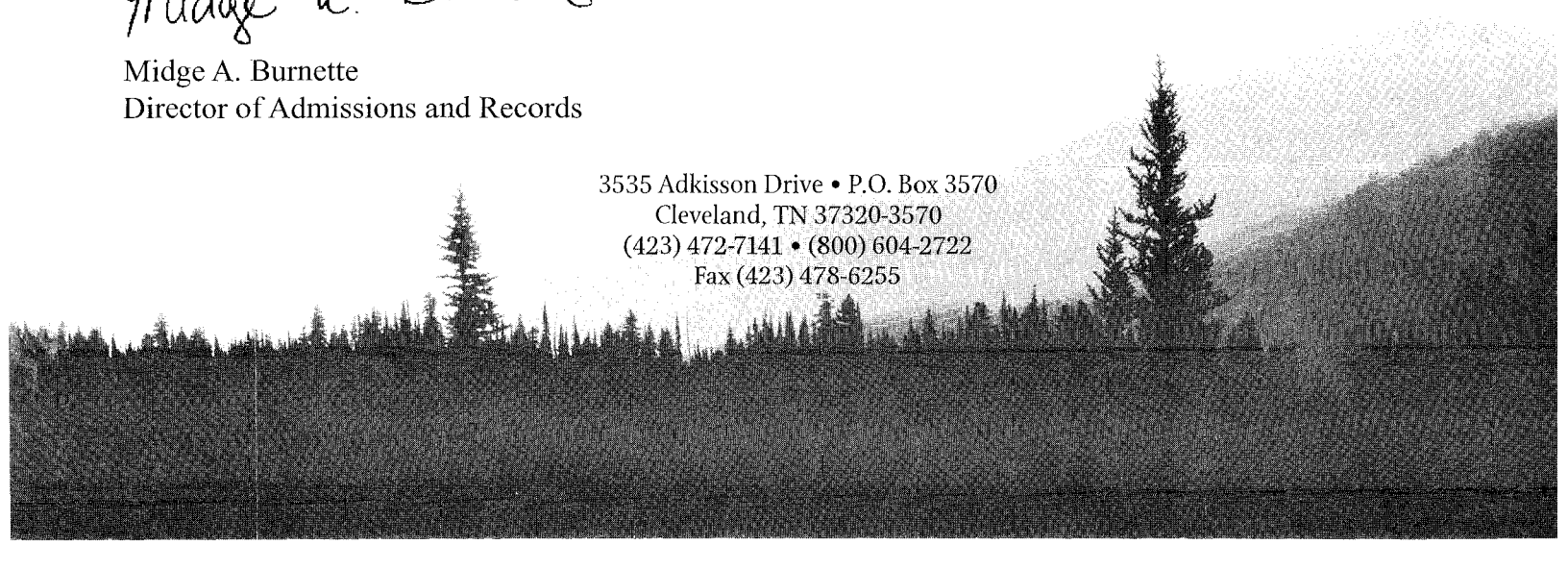
The Certificate of Immunization form on the back of this letter must be completed and signed by a licensed M.D. or D.O. and returned to Cleveland State Community College. An official copy of a State Health Department or military immunization form will be accepted if the date is valid (on or after January 1, 1980). **FULL-TIME STUDENTS WILL NOT BE ALLOWED TO REGISTER BEYOND THE FIRST SEMESTER UNTIL AN ACCEPTABLE FORM IS ON FILE IN THE ADMISSIONS AND RECORDS OFFICE.**

We urge you to give this your immediate attention so we have your form on file before you register for your first semester. We look forward to you joining us at Cleveland State Community College.

Sincerely,



Midge A. Burnette  
Director of Admissions and Records



3535 Adkisson Drive • P.O. Box 3570  
Cleveland, TN 37320-3570  
(423) 472-7141 • (800) 604-2722  
Fax (423) 478-6255

# Cleveland State Community College

## CERTIFICATE OF IMMUNIZATION

The State of Tennessee, as of July 1, 1998 requires students entering colleges, universities and technical institutes to have proof of two doses of Measles, Mumps and Rubella vaccines.

Student's Name \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### PART I (to be completed by student)

If born prior to January 1, 1957, please sign the following:

I certify that I was born prior to January 1, 1957, therefore exempt from the immunization requirement.

Signature \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_

**(IF THIS SECTION IS COMPLETED AND SIGNED, NO FURTHER INFORMATION IS NECESSARY.)**

### PART II (if applicable)

- Refused immunization because of religious doctrine. Reason affirmed under the penalties of perjury. Please attach statement with explanation.

### PART III (to be completed by a health care provider)

**MMR** Check appropriate statement:

- Received two (2) doses of measles vaccination since ..... Mo./Yr. \_\_\_\_\_  
the age of 12 months ..... Mo./Yr. \_\_\_\_\_
- Medically contraindicated because of pregnancy, allergy to vaccine, etc. Must list reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Had disease, confirmed by medical record ..... Mo./Yr. \_\_\_\_\_
- Laboratory confirmed immunity to the disease \_\_\_\_\_  
\_\_\_\_\_

### PART IV (signature of health care provider)

Print name of health care provider:

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Office Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM TO: Cleveland State Community College**  
**Admissions and Records Office**  
**P.O. Box 3570**  
**Cleveland, TN 37320-3570**  
**(423) 478-6213**  
**FAX: (423) 478-6255**