



SANDRA ACADEMY OF SALON SERVICES
 5250 W Andrew Johnson HWY Morristown, TN 37814
 Sandraacademy.edu sandraacademy@hotmail.com
 (423)312-4790

MANDATORY STUDENT IMMUNIZATION REQUIREMENTS 1 of 2

Last Name _____ First Name _____
 Email _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 Date Of Birth _____ County Of Birth _____

PART I – MEASLES/MUMPS/RUBELLA (MMR VACCINE) *International students must also complete Part II.*

Requirement: TWO doses of MMR vaccine after the age of one:

Date #1 _____ and separated by at least one month Date #2 _____

If immunizations were NOT given in the MMR combined vaccine, please indicates date received:

Date: Measles #1 _____ Mumps #1 _____ Rubella #1 _____
 Date: Measles #2 _____ Mumps #2 _____ Rubella #2 _____

ALL IMMUNIZATIONS DATES **MUST** BE VERIFIED BY A PHYSICIAN OR HEALTH CARE PROVIDER OR A **COPY** OF YOUR IMMUNIZATION RECORD MUST BE ATTACHED TO THIS COMPLETED FORM.

 Healthcare Provider Name / Address

 Healthcare Provider's Signature

 Healthcare Provider's Name (Printed)

PART II – TB SCREENING – INTERNATIONAL STUDENTS ONLY

Students from the following countries are required to have a tuberculosis screening test (TB test – Mantoux – type): Africa, Eastern Europe, Russia, Mexico, Central America, South America, Asia (including the Middle East, the Pacific Islands and the Caribbean). This test must be completed within 12 months prior to starting classes.

_____ I was not born in or had an extended stay in any country listed above.

TB Test (Mantoux): Date Given: _____ Date Read: _____ Results (record in millimeters): _____
 Chest X-Ray (required if TB test is positive or history of positive test): Date: _____ Results: _____
 Treated with Anti-tuberculosis drug? YES NO

 Healthcare Provider Name / Address

 Healthcare Provider's Signature

 Date