



SANDRA ACADEMY OF SALON SERVICES
 5250 W Andrew Johnson HWY Morristown, TN 37814
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 (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



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MANDATORY STUDENT IMMUNIZATION REQUIREMENTS 2 of 2

Student Name _____ Student ID _____

According to the Tennessee Department of Health, new full-time students are required to provide proper immunization for measles, mumps, and rubella (MMR) as well as Varicella (Chickenpox). For each group, check the statements that describe how you have met the requirements.

Group one: Select one response about the MMR vaccines:

- I was born before January 1, 1957. (The vaccines are not required.)
- I graduated from high school after May 1, 1999. (The vaccines are not required.)
- I graduated from high school between May 1979 and December 1998. I am not required to have the first dose, but I am providing documentation from a licensed healthcare provider that I have had the 2nd dose. (Must attach documentation of the second dose.)
- I am providing documentation from a licensed healthcare provider that I have received two doses of the MMR vaccine. (Must attach documentation of the two doses of the MMR vaccine.)
- I have been previously diagnosed with Measles, Mumps, and Rubella. Healthcare provider to initial here and sign below: _____ (The vaccines are not required.)
- I am medically exempted because of risk of harm. List reason(s) _____ Healthcare provider to initial here and sign below: _____ (The vaccines are not required.)
- I am a transfer student and have previously been enrolled as a full-time student at a college or university. My first semester at the institution was after August 1, 2007. List institution: _____ (The vaccines are not required.)
- Measles, Mumps, and Rubella antibodies were tested on the below date(s) with the following results. I understand that I must show immunity in all three areas for the vaccines to be required. Healthcare provider to initial here and sign below: _____

Measles Date: _____ Immunity: Y N **Mumps** Date: _____ Immunity: Y N **Rubella** Date: _____ Immunity: Y N

Group two: Select one response about the Chickenpox (Varicella) vaccine:

- I was born before January 1, 1980. (The vaccines are not required.)
- I graduated from high school in May 2016 or later. (The vaccines are not required.)
- I graduated from high school between 1999 and May 2016. I am not required to have the first dose but am providing documentation from a licensed healthcare provider that I have had the second dose. (Must attach documentation of second dose of the Varicella vaccine.)
- I am providing documentation from a licensed healthcare provider that I have received two doses of the Varicella vaccine. (Must attach documentation of two doses of the Varicella vaccine.)
- I have been previously diagnosed with Chickenpox disease. Healthcare provider to initial here and sign below: _____ (The vaccines are not required.)
- I am medically exempted because of risk of harm. List reason(s) _____ Healthcare provider initials _____ (The vaccines are not required.)
- I am a transfer student & have previously been enrolled as a full-time student at a college or university. My first semester at the institution was after August 1, 2011. List institution: _____ (The vaccines are not required.)
- Varicella antibody was tested on the below date with the following results. I understand that I show immunity for the vaccine to not be required. Healthcare provider to initial here and sign below: _____
- Other valid exemption: I am attaching a signed written statement, affirmed under the penalty of perjury, which states that my religious tenets and practices prevent me from being vaccinated. I understand that I may not be admitted to a program where I have contact with medical patients without required immunizations. (Must attach signed written statement. The vaccines are not required.)

Student Signature

Date

Healthcare Provider's Signature

Date