

**MTSU Student Health Services  
Certificate of Immunization**

Name (clearly print): \_\_\_\_\_ MTSU ID:   M  

Date of Birth (mm/dd/yyyy) : \_\_\_\_\_ Primary Cellphone: \_\_\_\_\_

**INSTRUCTIONS:** Immunization information must be completed, uploaded, and approved in order to register for full time classes at Middle Tennessee State University. **The health care provider's signature and office stamp (with address and phone number) must be noted in the appropriate space or a copy of medical records with evidence of required immunizations must be provided.** An alternate proof of immunity (titers) or medical exemptions documenting contraindication of vaccinations may be attached. You may request an exemption for medical/religious reasons – see Health Services website for more information.

**How to Submit:** Immunization forms must be uploaded to the Student's Patient Portal. Dates must be correctly entered into the portal as well in order for them to be reviewed and approved. If you need more information or any assistance, please go to

<https://mtsu.edu/healthservices/immunizations.php>

**Required Immunizations**

<p><b>Varicella (Chicken Pox)</b> All students born on or after January 1, 1980 must provide proof of immunization with two doses of Varicella vaccine at least 28 days apart, serology (titer) showing immunity to Varicella or documentation from a medical facility verifying a previous diagnosis with the illness.</p>	<p><b>YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR 1st BIRTHDAY</b></p> <p>Dose 1 date: _____ (must be on or after your 1<sup>st</sup> birthday)  <b>Doses 1&amp;2 must be 28 days apart</b>  Dose 2 date: _____  Dose 3 date: _____ (booster if your 1<sup>st</sup> dose was before your 1<sup>st</sup> birthday)  Date of Illness: _____  <b>IF UNABLE TO OBTAIN PROOF OF VACCINATION AND IF YOU HAD THE DISEASE AS A CHILD, YOU MAY OBTAIN A SEROLOGY TEST (TITER)</b>  <b>POSITIVE Varicella IgG Titer date:</b> _____</p>
<p><b>MMR (Measles, Mumps, Rubella)</b> Students born on or after January 1, 1957 must provide proof of immunization with two (2) doses of MMR vaccine at least 28 days apart or serology (titer) showing immunity to MMR.</p>	<p><b>YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR 1st BIRTHDAY</b></p> <p>Dose 1 date: _____ (must be on or after your 1<sup>st</sup> birthday)  <b>Doses 1&amp;2 must be 28 days apart</b>  Dose 2 date: _____  Dose 3 date: _____ (booster if your 1<sup>st</sup> dose was before your 1<sup>st</sup> birthday)  Date of Illness: _____  <b>IF UNABLE TO OBTAIN PROOF OF VACCINATION AND IF YOU HAD THE DISEASE AS A CHILD, YOU MAY OBTAIN A SEROLOGY TEST (TITER)</b>  <b>POSITIVE Measles IgG Titer      POSITIVE Mumps IgG Titer      POSITIVE Rubella IgG Titer</b>  <b>Titer date: _____      Titer date: _____      Titer date: _____</b></p>
<p><b>Meningitis – Required if living on MTSU campus</b> A dose of conjugate vaccine protecting against strains A, C, Y &amp; W135 (either Menactra® or Menveo®)</p>	<p><b>THE MOST RECENT DOSE MUST BE ON OR AFTER YOUR 16<sup>TH</sup> BIRTHDAY</b></p> <p>Dose 1 date: _____  <b>(Booster Dose if prior to your 16<sup>th</sup> birthday)</b>  Dose 2 date: _____</p>

**Recommended Immunizations**

<p><b>COVID-19 Vaccine</b> International vaccines must be WHO-Approved</p>	<table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Pfizer or Moderna (2) dose vaccine</b></td> <td style="width: 50%;"><b>International WHO Approved Covid-19 vaccine</b></td> </tr> <tr> <td>Dose 1 date: _____</td> <td>Dose 1 date: _____</td> </tr> <tr> <td>Dose 2 date: _____</td> <td>Dose 2 date: _____</td> </tr> <tr> <td colspan="2"><b>Johnson &amp; Johnson (1) dose vaccine</b> Dose Date: _____</td> </tr> <tr> <td colspan="2"><b>Additional dose(s)/booster:</b> _____</td> </tr> </table>	<b>Pfizer or Moderna (2) dose vaccine</b>	<b>International WHO Approved Covid-19 vaccine</b>	Dose 1 date: _____	Dose 1 date: _____	Dose 2 date: _____	Dose 2 date: _____	<b>Johnson &amp; Johnson (1) dose vaccine</b> Dose Date: _____		<b>Additional dose(s)/booster:</b> _____	
<b>Pfizer or Moderna (2) dose vaccine</b>	<b>International WHO Approved Covid-19 vaccine</b>										
Dose 1 date: _____	Dose 1 date: _____										
Dose 2 date: _____	Dose 2 date: _____										
<b>Johnson &amp; Johnson (1) dose vaccine</b> Dose Date: _____											
<b>Additional dose(s)/booster:</b> _____											

**Provider's Signature:** \_\_\_\_\_

**Practice Stamp:**

**Provider's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_