Student Immunization Record

Required For Attendance
Tennessee State Law Chapter 1200-14-1-29 says that “All students born after January 1, 1957 must be vaccinated with two doses of MMR (Measles, Mumps, and Rubella) vaccine. These two vaccines can not be waived. If for any reason you are unable to locate proof of MMR listed below are two alternatives.

- Adult MMR Booster - Generally, anyone 18 years of age or older who was born after December 31, 1956 should get at least one dose of MMR vaccine

For more information about MMR please visit www.cdc.gov/vaccines

- Titer Test - defined by the Medical Encyclopedia is “a laboratory test that measures the presence and amount of antibodies in blood. The antibody level in the blood is a reflection of past exposure to an antigen or to something that the body does not recognize as belonging to itself. The body uses antibodies to attack and remove foreign substances.”

For more information about titer test please visit www.nlm.nih.gov

Recommended but Not Required
The state of Tennessee recommends that each student receive the vaccines listed on the attached form, however they are not a requirement by state law. If you have had these vaccines please fill in the dates on the form. If you have not had the vaccines, then you may leave this area blank.

Meningococcal Meningitis & Hepatitis B
The state of Tennessee requires that all new entering students at both public and private institutions of higher education within Tennessee receive both the hepatitis B vaccine and the meningococcal vaccine or sign and submit a signed waiver acknowledging that they recognize the dangers of these diseases, that they know the effective vaccines are available, and that they have chosen not to receive the vaccines.

Health Care Provider
The King College Student Immunization Form needs to be completed by you and signed by your health care provider, unless you can supply a hard copy of your records from your Health Dept, High School, the college you are transferring from, or a form provided by your doctor’s office.

Religious Objections
A student has the right to refuse immunization due to religious objections. If you select this option we do ask that you provide an official clergy statement and affirm your reason under the penalties of perjury.

Please retain the following sheets for your records:
Hepatitis B, Meningococcal Meningitis, & Varacella Fact Sheet
Tips for Finding Old Immunization Records
STUDENT IMMUNIZATION RECORD

Name___________________________________________________________________________________________

Last Name      First Name    Middle

Address_________________________________________________________________________________________

Street      City   State    Zip

Date of Entry ____/____ Date of Birth ___/___/___

M      Y                            M       D      Y

Status: Full-time Undergraduate_____ Graduate ____

REQUIRED FOR ATTENDANCE:

M.M.R. (Measles, Mumps, Rubella) (All students born after January 1, 1957 must be vaccinated with TWO doses of MMR vaccine TN State Law Chapter 1200-14-1-29. The two vaccines cannot be waived)

1. Dose 1 given at age 12-15 months or later…………….. #1____/ ____/____

2. Dose 2 given at age 4-6 years or later…………………..#2____/ ____/____

RECOMMENDED BUT NOT REQUIRED:

TETANUS-DIPHTHERIA (Primary series with DTaP or DTP and booster with Td in the last ten years meets requirement. Refer to ACIP for details.)

1. Primary series of four doses with DTaP or DTP:

   #1 ____/____/____     #2 ____/____/____          #3 ____/____/____    #4 ____/___/___

   M        D       Y                M      D       Y                       M       D       Y              M       D      Y

2. Tetanus-Diphtheria (Td) booster within the last ten year…………..____/____/____

VARICELLA (Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized at the age of 13 or older meets the requirement)

1. History of disease YES____ NO_____

2. Varicella antibody ____/____/____ Reactive____ Non-reactive_____

TUBERCULOSIS SCREENING

The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease Control and the American Thoracic Society. For more information, visit www.acha.org or refer to the CDC’s Core Curriculum on Tuberculosis available at state health departments or at the following website: www.cdc.gov/nchstp/tb/pubs/corecurr/.

1.    Tuberculin Skin Test:

   Date Given: ____/____/____ Date Read: ____/____/____

   Results:

   Positive____ or   Negative: ____
Meningococcal Meningitis and Hepatitis B

The state of Tennessee requires that all new entering students at both public and private institutions of higher education within the state receive both the hepatitis B vaccine and the meningococcal vaccine or that they sign and submit a signed waiver acknowledging that they recognize the dangers of these diseases, that they know the effective vaccines are available and that they chose not to receive the vaccines.

MENINGOCOCCAL MENINGITIS

Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococcemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission, primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention and treatment is required to avoid serious illness and or death. There are 5 different subtypes (called serogroups) of the bacterium that causes Meningococcal Meningitis. The current vaccine does not stimulate protective antibodies to Serogroups B, but it does protect against the most common strains of the disease, including serogroups A, C, Y and W-135. The duration of protection is approximately three to five years. The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to two days. The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) recommends that college freshmen (particularly those who live in dormitories or residence halls) be informed about meningococcal disease and the benefits of vaccination and those students who wish to reduce their risk for meningococcal disease be immunized. Other undergraduate students who wish to reduce their risk for meningococcal disease may also choose to be vaccinated.

I hereby certify that I have read the information and I have received the vaccine for Meningococcal Meningitis. Date of Meningococcal Meningitis vaccine: ______/______/_____

M D Y

I hereby certify that I have read this information and I have elected not to receive the vaccine for Meningococcal Meningitis.

Signature of Student or Parent/Guardian (If student is under 18):__________________________ DATE: __________

HEPATITIS B (HBV)

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

I hereby certify that I have read this information and I have received the complete three dose series of the Hepatitis B vaccine. Date of completion of the Hepatitis B vaccination series: ______/______/_____

M D Y

I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.

Signature of Student or Parent/Guardian (If student is under 18):__________________________ DATE: __________

HEALTH CARE PROVIDER (Must be filled out and signed by your Health Care Provider)

Name ___________________________________________________

Address______________________________________________

Signature ________________________________________________ Phone (_______)

I refuse immunization because of religious objections, have attached an official clergy statement, and affirm this reason under the penalties of perjury.

Signature_____________________________________ Date: __________
Returning Your Records

Please mail, fax, or email your immunization records to the following:

Jobieann Taylor
Student Affairs Administrative Assistant

King College
1350 King College Rd.
Bristol, TN 37620
Phone: (423) 652-4711
Fax: (423) 652-4891
Email: jbtaylor@king.edu
Tips for Finding Old Immunization Records

**For Undergraduate Students**

1. Check with all your previous health care providers. As well as your local public health department or clinic.

2. Look though all of your old papers-sometimes immunization records are tucked away in a baby book, or included on school or camp medical history forms.

3. Check with any school that you have attended to see if they have retained a record of immunization. Could be your high school or college that you are transferring from.

4. Some areas have centralized immunization registries that keep electronic records of all vaccines given in that area. To see if this is a possibility and search for a registry in your area, call your state immunization coordinator. State immunization coordinator contact information can be accessed at [www.immunize.org/coordinators](http://www.immunize.org/coordinators).

5. Sometimes when physicians retire or a medical practice changes hands, old patient records are sent to a medical record storage company. It may be possible to obtain records directly from the company for a fee.

**For Graduate & Professional Studies Students**

1. Check with your parent or early care giver if he/she has any record of childhood immunizations.

2. Look though any old papers saved from your childhood, such as a baby book.

3. Check with your high school, post-secondary school, college you attended, or previous employers (including the military) for dates of any immunizations.

4. Some areas have centralized immunization registries that keep electronic records of all vaccines given in that area. To see if this is a possibility and search for a registry in your area, call your state immunization coordinator. State immunization coordinator contact information can be accessed at [www.immunize.org/coordinators](http://www.immunize.org/coordinators).

5. Understand that it is often not possible to find childhood immunization records of an adult. If you are unable to find documents of having the required vaccines in the past, you may have to be re-vaccinated. Receiving extra doses of these vaccines will not harm you. Some diseases and/or vaccines, you can have blood test (titer test) to see if you are immune.
Hepatitis B Fact Sheet

Background: Hepatitis B and Vaccination

Hepatitis B
Hepatitis B is a serious infectious disease caused by a virus that attacks the liver. The hepatitis B virus (HBV) can cause life-long infection that leads to cirrhosis (scarring) of the liver, liver cancer, or liver failure. There is no cure for hepatitis B, but the infection can be prevented by vaccination. In 2001, about 78,000 people were infected with the virus.

Vaccination Recommendations for College Students
A vaccine is available to help protect against hepatitis B. The U.S. Centers for Disease Control and Prevention (CDC) recommends vaccination of everyone age 18 and under, and anyone at high risk for hepatitis B. The American College Health Association (ACHA) recommends that all college students be vaccinated. The National Collegiate Athletic Association (NCAA) recommends that all student athletes be vaccinated.

Symptoms of the Disease
Symptoms of hepatitis B can resemble the flu and may include fever, loss of appetite, low energy, joint pain, cramping, or nausea and vomiting, as well as jaundice (yellow skin or eyes). However, in about 30 percent of cases, hepatitis B causes no symptoms. Approximately one million people are chronic carriers of the disease, meaning they have no symptoms and may not know they are infected but are still able to transmit the disease to others. There is no cure for hepatitis B. Most people can manage symptoms of the disease with treatment, although 5 to 10 percent of individuals become chronic carriers of the disease.

Incidence of Hepatitis B
In 2001, an estimated 78,000 Americans were infected with hepatitis B. The majority of these were adolescents and young adults. One in 20 people now have been infected with this disease, and about one-third of those infected do not know the source of their infection. There are approximately 1.25 million chronically infected Americans.

Transmission of the Disease
Hepatitis B is contagious and spreads when the blood or other body fluids of a person with the virus are absorbed into an individual’s blood stream through broken skin or mucous membranes. The hepatitis B virus can live in all body fluids of an infected person, including blood, saliva, semen, and vaginal fluids. It can enter the body through cuts, tears, or abrasions in the skin and through mucous membranes of the mouth, vagina, anus, and eyes. Hepatitis B can be transmitted through sexual contact; during contact sports; by helping someone who is injured; by sharing razors, toothbrushes, pierced earrings, or injection drug paraphernalia; or by getting a tattoo or body piercing using non-sterile instruments or needles.
Risk Factors for Hepatitis B
Anyone who comes in contact with the blood or body fluids of an infected person is at risk for hepatitis B. Certain behaviors can increase the risk, including unprotected sex (vaginal, anal, and oral); contact sports (sports during which players may be exposed to each other’s blood or saliva); getting a tattoo or body piercing; sharing items such as razors, earrings, and toothbrushes; sharing injection drug paraphernalia; travel abroad to areas where the disease is widespread; health care and public safety work (or other occupations that may involve exposure to infected blood or body fluids); helping someone who is bleeding; household contact with persons with chronic hepatitis virus infection; and chronic kidney dialysis.

Risk for College Students
College students may be at higher risk for hepatitis B. The highest rate of disease occurs in individuals between the ages of 20 and 49. Living in close quarters, like a college dormitory, may increase the risk of exposure to carriers. College students may be exposed to the virus during sexual contact, getting body piercings or tattoos, sharing needles or razors, during contact sports and other high-risk behaviors. Health sciences students may be exposed to body fluids or tissues from patients with hepatitis B infection. In addition, during college, students may travel abroad to areas where the disease is common.

About the Hepatitis B Vaccine
The hepatitis B vaccine is safe and effective. You cannot get the disease from the vaccine. The most common side effect of the vaccine is soreness at the site of the injection. Vaccination requires a series of three shots over a six-month period. After that, a booster shot is not necessary. The vaccine protects 96 percent of those who complete the three-dose vaccination series.

Other Forms of Prevention
In addition to vaccination, people can modify their behavior by using condoms during sex and avoiding tattooing and body piercing with non-sterile instruments or techniques. They also can avoid sharing needles, pierced earrings, razors, or toothbrushes.

For More Information
To learn more about hepatitis B and the vaccine, please contact your physician or visit the websites of the U.S. Centers for Disease Control and Prevention (CDC), www.edc.gov/ncidod/hip/Blood/HepatitisB.htm, and the American College Health Association (ACHA), www.acha.org.
Meningococcal Meningitis

STUDENT AND PARENT INFORMATION SHEET

Background: Meningococcal Meningitis on Campus

- **Overview of Meningococcal Meningitis**

Meningococcal disease is a potentially life-threatening bacterial infection. The disease most commonly is expressed as either meningococcal meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or meningococcemia, a presence of bacteria in the blood.

Meningococcal disease is caused by *Neisseria meningitidis*, which has become the leading cause of bacterial meningitis in older children and young adults in the United States.

Meningococcal disease strikes about 3,000 Americans each year, leading to death in approximately 10 to 15 percent of cases, which translates into 300 deaths annually. It is estimated that 100 to 125 cases of meningococcal disease occur annually on college campuses and 5 to 15 students die as a result. The disease can result in permanent brain damage, hearing loss, learning disability, limb amputation, kidney failure or death.

The incidence of meningitis outbreaks of serogroup C has risen in the past 10 years, including cases at U.S. colleges and universities. Data suggest that certain social behaviors, such as exposure to passive and active smoking, bar patronage and excessive alcohol consumption, may increase students' risk for contracting the disease. Recent data also show students living in dormitories, particularly freshmen, have a sixfold increased risk for the disease.

- **Vaccination Recommendations for College Students**

On October 20, 1999, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) voted to recommend that college students, particularly freshmen living in dormitories and residence halls, be educated about meningococcal meningitis and the potential benefits of vaccination.

ACIP further recommends that immunization should be provided or made easily available to those who wish to reduce their risk for meningococcal meningitis. Other undergraduate students wishing to reduce their risk for meningococcal meningitis can also choose to be vaccinated. The American College Health Association (ACHA) supports the ACIP recommendation.

- **Meningococcal Disease Caused by Five Strains/Serogroups**

There are five predominant strains or serogroups of *N. meningitidis* that account for most cases of meningococcal disease. These are A, B, C, Y and W-135. Among the serogroups responsible for invasive meningococcal disease in the United States in 1997, serogroup B accounted for 30 percent of cases, serogroup C caused 28 percent, serogroup Y about 37 percent and serogroups A and W-135 were rare. Serogroup A is predominantly a cause of meningococcal disease in Africa and Asia. In general, serogroups C, Y and W-135 have higher rates of death and complications compared to serogroup B.
• Transmission and Symptoms of the Disease

Meningococcal bacteria are transmitted through the air via droplets of respiratory secretions and direct contact with persons infected with the disease. Oral contact with shared items, such as cigarettes or drinking glasses, or through intimate contact such as kissing could put a person at risk for acquiring the infection. People identified as close contacts of a patient are at an increased risk for disease and should receive antibiotics to prevent meningitis.

Many normal healthy people become carriers of these bacteria and usually nothing happens to the person other than developing natural antibodies. Very rarely, for reasons such as suppressed immunity or concurrent respiratory illness, the bacteria invades the body, causing disease.

Meningococcal disease usually peaks in late winter and early spring. The disease can easily be misdiagnosed as something less serious, because symptoms are similar to the flu. The most common symptoms include high fever, headaches, stiff neck, confusion, nausea, vomiting, lethargy and/or rashes. Anyone with similar symptoms should contact a physician immediately. If untreated, often within hours of the onset of symptoms, the disease can progress rapidly and can lead to shock and death.

• Incidence of Meningococcal Meningitis

In the United States, outbreaks of serogroup C meningococcal disease have been occurring more frequently since the early 1990s, especially among young adults in school and community settings. There were 26 outbreaks between 1994 and 1996; four of these outbreaks were at a college or university, compared with only 15 outbreaks occurring between 1989 and 1993, including two outbreaks at a college or university.

• Persons at Risk for the Disease, Including College Students

Meningococcal disease can affect people at any age. Certain groups are at increased risk for contracting the disease including those in close contact with a known case, individuals with compromised immune systems and persons traveling to endemic areas of the world. Since 1991, cases of meningococcal disease among 15- to 24-year olds have more than doubled.

Recent evidence found that students residing in dormitories on campus appear to be at higher risk for meningococcal disease than college students overall. Further research recently released by the CDC shows freshmen living in dormitories have a six times higher risk for meningococcal disease than college students overall.

Prior to 1971, the military had experienced high rates of meningococcal disease, particularly serotype C disease. The U.S. military now routinely vaccinates new recruits. Similar to college students, military recruits live in confined areas. Since the initiation of routine vaccination of recruits, there has been an 87 percent reduction in sporadic cases and a virtual elimination of outbreaks of invasive meningococcal disease in the military.

• Vaccination to Prevent Meningococcal Meningitis
A quadrivalent meningococcal vaccine is available against four of the most common strains of *N. meningitidis* in the United States (A, C, Y, W-135). The vaccine can be used in adults and children older than two years of age and is 85 to 100 percent effective in preventing serogroups A and C of meningitis in older children and adults.

The vaccine is often used to control serotype C meningococcal disease outbreaks and for pre-exposure among certain high-risk groups (e.g., immunosuppressed, travelers).

As of October 20, 1999, ACIP recommends that undergraduate college students, particularly freshmen who live in or plan to live in dormitories or residence halls, receive information about meningococcal meningitis and the benefits of vaccination. Freshmen and other undergraduates who wish to reduce their risk for disease should be provided access to the vaccine.

- **Cases/Outbreaks of the Disease**

Between 1986 and 1993, an outbreak was defined as five cases of the same serotype in 100,000 people with at least three occurring within three months. From 1994 to present, 10 cases of the same serotype in 100,000 people with at least three occurring within three months constitute an outbreak. The vast majority of disease occurs as sporadic and isolated cases, referred to as endemic disease.

- **For More Information**

For more information on meningococcal meningitis and the vaccine, please visit the websites of the Centers for Disease Control and Prevention (CDC), [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo), and the American College Health Association, [www.acha.org](http://www.acha.org).

- **The American College Health Association**

The American College Health Association (ACHA), founded in 1920, is a national nonprofit organization serving and representing the interests of professionals and students in health and higher education. Its mission is to be the principal advocate and leadership organization for college and university health. The association provides advocacy, education and services for its members to enhance their ability to improve the health of all students and the campus community.

**References**

- Broome CV. The carrier state: *Neisseria meningitidis*. *Journal of Antimicrobial Chemotherapy* 1986; 18(suppl A); 25-34.
• Centers for Disease Control and Prevention website, www.cdc.gov. Meningococcal Disease Among College Students.
Varicella Fact Sheet

Chickenpox (Varicella): What College Students Need to Know
Chickenpox (Varicella) is a highly contagious disease caused by the varicella-zoster virus (VSV). The disease is usually mild in children but can be severe in adults and those with impaired immune systems. Each year, approximately 11,000 people are hospitalized and 100 die due to chickenpox. College students who have not had chickenpox should be vaccinated against this potentially serious disease.

Vaccination Recommendations for College Students
The U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend that all college students without a history of chickenpox receive the vaccine.

Symptoms of the Disease
Chickenpox has a characteristic itchy rash, which then forms blisters that dry and scab in four to five days. The rash can be the first sign of illness, sometimes accompanied by fever and tiredness. An infected person can have skin lesions that can be few in number to more than 500. Complications that may require hospitalization increase with age. Adults are 10 times more likely than children to be hospitalized with severe consequences of chickenpox. These consequences include pneumonia and encephalitis (inflammation of the brain).

Transmission of the Disease
Chickenpox is highly contagious. About 90 percent of individuals who have not had chickenpox will get the disease if they are exposed to an infected person. The virus can be spread from person to person through the air or by contact with fluid from chickenpox blisters. The disease remains contagious from a day or two before the rash appears until all the blisters form scabs.
Incidence of Chickenpox
In the United States, chickenpox is very common. Virtually all individuals who have not been vaccinated contract chickenpox by adulthood. Approximately 90 percent of chickenpox cases occur in children 1 to 14 years of age, and most people will have had chickenpox by their early 20s. About four million Americans develop chickenpox each year. Nearly 11,000 have complications that require hospitalization, and about 100 people die. The highest incidence of chickenpox occurs between March and May.

Risk for College Students
Adults are more likely to die from chickenpox and its complications, which increase with age. Chickenpox can spread more easily in a college living environment, including dormitories, classrooms, libraries, and other close quarters where students spend a lot of time, which increases the likelihood for college students to contract the disease. Health sciences students (e.g., nursing and medical) are at particular risk of exposure and may transmit the disease to persons at high risk of complications; therefore, health sciences students should be vaccinated against varicella if susceptible.

The Chickenpox Vaccine
The chickenpox vaccine is safe and effective. The vaccine is approximately 80-90 percent effective in preventing disease. The most common side effect is soreness at the site of injection. People over age 13 require two doses at least one month apart. Most people who get vaccinated will not get chickenpox; and if they do get chickenpox, it’s usually very mild.

Shingles
Some people who have had chickenpox may develop shingles later in life. Shingles, or herpes zoster, is caused by a reactivation of the same varicella virus that causes chickenpox. Shingles is a painful infection, which may include a blistering rash and severe burning pain, tingling, or extreme sensitivity to the skin. Symptoms last about a month. Approximately one in five people in the United States develops shingles. Studies are underway to determine if the chickenpox vaccine can help prevent or reduce the severity of shingles later in life.

For More Information
To learn more about chickenpox and the vaccine, please contact your physician or visit the websites of the U.S. Centers for Disease Control and Prevention (CDC), www.cdc.gov/nip/diseases/varicella/, and the American College Health Association (ACHA), www.acha.org.