



IMMUNIZATION/VACCINATION POLICY AND REQUIREMENTS FOR STUDENTS

Pursuant to Tennessee state law (Tennessee Rules & Regs. 1200-14-01-.29(16)), King University requires incoming students to provide proof of vaccination/immunization for Measles, Mumps, and Rubella (commonly called “MMR” vaccine) and proof of immunity to Varicella (Chickenpox). Students in the School of Nursing are also required to provide proof of immunization/vaccination for Hepatitis B. (Tenn. Rules & Regs. 1200-14-01-.29(17).) Information is included with this policy regarding the rare but serious diseases of Meningococcal Meningitis and Hepatitis B. Students are encouraged, but not required, to provide proof of immunization/vaccination for these diseases as well. You should consult your personal health care provider regarding decisions about all immunizations.

MMR (Measles, Mumps, and Rubella)

Proof of two doses of MMR vaccine is required for all students. The only students who may be exempted from this requirement are: students whose medical provider submits signed documentation that the MMR vaccine carries an unsuitable risk of harm to the student (due to allergy, another medical condition, etc.) OR students whose religious tenets and practices conflict with vaccination/immunization and those students submit an Affidavit, testifying under oath, as to this religious conflict.

Varicella (Chickenpox)

All students must provide proof of immunity to chickenpox by one of the following methods: (1) signed medical record or Health Department record documenting two doses of Varicella vaccine given at least 28 days apart, (2) laboratory evidence of immunity to chickenpox, or (3) signed medical record or Health Department record documenting the student’s prior history of chickenpox. The only students who may be exempted from this requirement are: students whose medical provider submits signed documentation that the Varicella vaccine carries an unsuitable risk of harm to the student (due to allergy, another medical condition, etc.) OR students whose religious tenets and practices conflict with vaccination/immunization and those students submit an Affidavit, testifying under oath, as to this religious conflict.

Hepatitis B (HBV)

Hepatitis B 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 other 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 intravenous drug use. About 2,000 people in the U.S. die each year from Hepatitis B-related liver disease. This disease is completely preventable. A series of three (3) doses of Hepatitis B vaccine are required for optimal protection. Included with this Policy is a two-page document published by the Centers for Disease Control. You are encouraged to review this

material and discuss it with your personal health care provider. If you are a student in the School of Nursing, the Hepatitis B vaccine is required by state law. (Tenn. Rules & Regs. 1200-14-01-.29(17).)

Meningococcal Disease

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 meningococemia (bacteria in the blood). The bacteria that causes meningococcal disease is spread through personal contact, and those living in close proximity to others are at greater risk. The bacteria are spread by exchanging respiratory and throat secretions (coughing, kissing, and other close contact). The Centers for Disease Control recommend the vaccine for college students living in a residence hall. You are encouraged to discuss the vaccine and the risk factors with your personal health care provider.

Please note that you are responsible for obtaining your vaccinations and/or medical records, at your own expense.

Please complete the attached Immunization Documentation form and return it to: Jobieann Taylor. Phone: 423-652-4711. Email: jbtaylor@king.edu. If you are exercising a religious exemption to the vaccination requirements, please complete the Affidavit below, sign it in front of a notary public and return it to: Jobieann Taylor.

AFFIDAVIT OF RELIGIOUS EXEMPTION FROM VACCINATION REQUIREMENTS

I, _____, hereby swear or affirm, under penalty of perjury, that
(print student's name)

vaccination conflicts with my religious tenets and practices. For that reason, I refuse to be vaccinated against measles, mumps, rubella, varicella, hepatitis B, and meningococcal disease. I further swear or affirm that I have reviewed the information provided to me by King University about hepatitis B and meningococcal disease.

Student's signature _____ Date _____
Parent's signature, if student is a minor _____ Date _____

State of _____
City/County of _____

I hereby certify that this Affidavit of Religious Exemption from Vaccination Requirements was signed before me by _____ this _____ day of _____, 20____.

Notary Public: _____
Registration Number: _____
My Commission Expires: _____



IMMUNIZATION DOCUMENTATION

Student Name _____ Date of Birth _____
(Please print) (mm/dd/yyyy)

Measles, Mumps, Rubella (MMR):

- The student has received two doses of MMR vaccine. Dates: ___/___/___ and ___/___/___.
- Serology (IgG) Positive for measles, mumps, AND rubella. Date: ___/___/___.
- Medical exemption—vaccination against MMR is contraindicated for medical reasons.
- Incomplete. One dose of vaccine given on ___/___/___ . Next dose is due after ___/___/___ .
- The student was born on or before January 1, 1957.

Health Care Provider's Signature re: MMR _____ Date _____

Varicella (Chickenpox):

- Health care provider believes the student has had chickenpox. Year of illness: _____.
- The student has received two doses of varicella vaccine. Dates: ___/___/___ and ___/___/___.
- Serology (IgG) positive for varicella. Date: ___/___/___.
- Medical exemption—vaccination against MMR is contraindicated for medical reasons.
- Incomplete. One dose of vaccine given on ___/___/___ . Next dose is due after ___/___/___ .
- The student was born on or before January 1, 1980.

Health Care Provider's Signature re: Varicella _____ Date _____

Hepatitis B:

- I have reviewed the information provided by King University about Hepatitis B. I have completed the 3-dose series of vaccine for Hepatitis B on ___/___/___ (date).
- I have reviewed the information provided by King University about Hepatitis B. I have elected NOT to receive the Hepatitis B vaccine.

Student's signature re: Hepatitis B _____ Date _____

Parent's signature, if student is a minor _____ Date _____

Meningococcal Disease:

- I have reviewed the information provided by King University about Meningococcal Disease. I have completed the series of vaccine for Meningococcal Disease on ___/___/___ (date).
- I have reviewed the information provided by King University about Meningococcal Disease. I have elected NOT to receive the Meningococcal Disease vaccine.

Student's signature re: Meningococcal Disease _____ Date _____

Parent's signature, if student is a minor _____ Date _____