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 meningococcemia (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 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 _______________