

University Health Center

Box 70675 Johnson City, TN 37614 -- Located in Roy S. Nicks Hall Ste. 160

Phone: 423-439-4225 Fax: 423-439-4560 Email: immunizations@etsu.eduMore Information: www.etsu.edu/immunizations*All information must be completed in full, written legibly in English, and completed in ink***It is highly recommended the Immunization Form be received 30 days prior to your on campus orientation or registration.**

Last Name/Surname: _____ First Name/Given: _____

Middle Name: _____ Plan to live in On-Campus Housing? (Circle One) YES NO

*Date of Birth: _____ Month/Day/Year (ex. 01/20/1999)

ETSU Email: _____ ETSU Student ID #: _____

Semester of first ETSU Enrollment (circle one): Fall Spring Summer YEAR: _____

Immunization Requirements for Full-Time Students:

Two doses of MMR & Two doses of Varicella (Chickenpox) or a titer quantitative lab report (serology proof, IgG antibodies of immunity of diseases), or medical provider documentation verifying previous diagnosis of disease and date of disease (mm/day/year) If submitting titer reports, please attach to this form. *Students under the age of 22 and living in on-campus housing are required to have a Meningococcal Vaccine (MEN-ACWY) within the past 5 years.

*This section to be completed and signed by a Licensed Medical Provider or Health Department Medical Staff.****Please attach supporting medical documentation regarding immunizations.***

VACCINE All dates must be in Month/Day/Year (ex. 01/20/1999)	1st DOSE (must be given after 1st birthday)(mm/day/year)	2nd DOSE (given at least 28 days after 1st dose)(mm/day/year)	Date of Disease (mm/day/year) (no vaccines)
Varicella Vaccine (Chickenpox)			
MMR Combined			
Measles (only)			
Mumps (only)			
Rubella (only)			
*Meningococcal- ACWY(Within last 5 years)			

Email: immunizations@etsu.edu

Fax: 423-439-4560

Place Clinic Stamp In The Space Above

Medical Provider Information:

Name/ Title (Print):		Address:		NPI:	
Phone #:		Provider Signature:		Date:	

*Exemption form for religious purposes or for medical contraindications do not use this form.
(Please see the University Health Center website for all accepted forms.)*