

Office of Admission  
 PO Box 5051  
 Greeneville, TN 37743  
 (423) 636-7312  
 Toll-free (800) 729-0256  
 FAX (423) 798-1622  
 E-mail: admission@tusculum.edu

TUSCULUM  
 COLLEGE

ESTABLISHED 1794

Immunizations

Please print or type

Name: \_\_\_\_\_  
 Last First M.I. Preferred  
 SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender:  Male  Female  
 Citizenship: \_\_\_\_\_

IMMUNIZATION INFORMATION

All students are required to submit official documentation of 2 MMR immunizations unless contraindicated by a medical condition documented by a physician's statement or a statement detailing contraindication due to religious beliefs. Physicians may complete and sign this form, or written documentation may be provided showing proof of immunization (e.g. copy of immunization record).

IMMUNIZATION	REQUIRED	COMPLETED	DATE OF INJECTION (M/D/YR)	PHYSICIAN'S SIGNATURE
MMR (Measles/Mumps/Rubella)	Yes 2 Doses to Complete	Dose 1 ___ Yes ___ No Dose 2 ___ Yes ___ No	_____ _____ _____	_____ _____ _____
Hepatitis B	No – Recommended 3 Doses to Complete	Dose 1 ___ Yes ___ No Dose 2 ___ Yes ___ No Dose 3 ___ Yes ___ No	_____ _____ _____	_____ _____ _____
Bacterial Meningitis	No – Recommended	Dose 1 ___ Yes ___ No	_____	_____

*(If Hepatitis Inoculation waived, please note "waived" and sign above indicating risk information was provided by College)*

*(If Meningococcal Inoculation waived, please note "waived" and sign above indicating risk information was provided by College)*

SSHA \_\_\_\_\_