

 **BAPTIST COLLEGE**
OF HEALTH SCIENCES

*Please complete and turn in at Baptist College Orientation.
For questions, please contact Sheri Whitlow, Office of Student Services
at 901-572-2663 or Andrea Clark, RN- UT Health Services at
Phone: (901) 448-1384 Fax: (901) 448-7255 Email: aclark11@uthsc.edu*

Personal Information	
Name _____	Campus Housing Resident _____ Commuter _____
Student ID Number _____	Date of Birth _____ Sex _____
Home Address _____	
Date of College Entrance _____	
Home Phone _____	Cell Phone _____

All students are required to be properly immunized and provide proof of these requirements in order to be enrolled in an institution of higher learning in the State of Tennessee.

Requirements for entering Baptist College students include the following: Tdap, initial MMR, Varicella, Hepatitis B vaccines or titers; TB skin test; Meningitis vaccine for students living in campus housing under the age of 22; Release of Medical Records form; and Statement and Consent form.

This form showing documentation is due at the time of Freshman or Transfer Orientation. Failure to complete all required immunizations will result in students being dropped from all courses prior to the beginning of the term.

Immunizations requiring a series must be fully completed on schedule, and must remain current throughout the student's enrollment at Baptist College.

Documentation of Immunizations

This form must be completed by the student's healthcare provider **OR** copies of ALL vaccinations, serum antibody test results, and TB skin test **MUST BE ATTACHED**.

Student Name _____
Last First Middle Initial

Date of Birth _____
Month/Day/Year

1. MMR - Measles (Rubeola), Mumps and Rubella Vaccine

_____ Date of Measles (Rubeola) **IgG** serum antibody & Results
Date of 1st vaccination

OR

_____ Date of Mumps **IgG** serum antibody titer & Results
Date of 2nd vaccination

_____ Date of Rubella **IgG** serum antibody titer & Results

2. Varicella (Chickenpox) Vaccine

_____ **Varicella IgG titer is REQUIRED if student has history of disease to document immunity**
Date of 1st vaccination

OR

_____ Varicella-Zoster **IgG** serum antibody titer & Results
Date of 2nd vaccination (SELECT if patient had childhood disease)

Student Name _____ **DOB** _____
Last First

3. Hepatitis B series (HBV Vaccine)

Date of 1st vaccination

Date of 2nd vaccination

Date of 3rd vaccination

Date of Hepatitis B surface antibody titer & results

Baptist College **REQUIRES** that a **Hepatitis B surface antibody titer (blood draw/lab test)** is completed after three (3) Hepatitis B vaccines. IF the titer is negative, repeat the Hepatitis B vaccine series.

4. Tdap (Tetanus, Diphtheria, & Pertussis) Vaccine (due every 10 years)

Date of vaccination

5. Tuberculosis Skin Test, PPD (must be completed no more than 90 days prior to enrollment and annually thereafter to stay enrolled)

Date test administered

Date test read

Result in millimeters

(IF student has had a **positive skin test** in the past, a T-Spot test **OR** a Free of Infectious Tuberculosis card issued by a County Health Department is required. Contact UT University Health Services with questions (901) 448-1384)

6. Meningitis (required if you are a residence hall student under age 22, and this is your first trimester living on campus. Minimum requirement is one vaccination less than 5 years prior to move-in date). **You are required to provide documentation of a Meningococcal vaccine (s) before you will be issued a key to move into campus housing.**

Date of 1st vaccination

Date of 2nd vaccination

A healthcare provider must COMPLETE and SIGN this form confirming that all information is complete and accurate, OR copies of ALL vaccinations, serum antibody test results, and TB skin test MUST BE ATTACHED.

Health Care Provider Name (Printed)

Address

Health Care Provider Signature

Date

University Health Services Consent for Release of Medical Records

I do hereby authorize University of Tennessee University Health Services (UHS) to release to Baptist Memorial College of Health Sciences (Baptist College) and/or their clinical affiliates information from my medical records to satisfy the needs and requirements of Baptist College in the course of my enrollment at the college. This includes records required at the time of my enrollment, including immunization records, titer records, TB skin testing results, flu immunization verification, Health Department records and/or Quantiferon Test results, and any additional immunizations, tests, or titers received while enrolled, as well as the results of any drug and alcohol testing.

I understand I may revoke this authorization at any time with a written request to University Health Services, and I acknowledge and understand such action will likely affect my clinical placement status. The request must include the signature of the student or the student's legal representative, and must be notarized. Revocation of this authorization is allowable only to the extent that the release of information has not already occurred. University Health Services is hereby released from all legal liability that may arise from the release of information requested. Any information disclosed through this release may be subject to re-disclosure by the receiving party, and no longer protected under applicable federal law.

Student Name (please print)

Signature

Date

Witness (please print)

Signature

Date

Legal Representative (for revocation only)

Signature

Date

1003 Monroe Avenue
Memphis, TN 38104
(901) 575-2247

Statement and Consent

I certify that the information given in these forms is correct. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute grounds for dismissal from Baptist College. I acknowledge by my signature that I have read and understand these statements and agree to be bound by them.

Student's Name (Please print)

Student's Signature

Date