

TENNESSEE WESLEYAN COLLEGE

Certificate of Immunization and Insurance

Name _____ SS# _____
Last First Middle Initial

Date of Birth (M/D/YY) _____ Entrance Date: Semester _____ Yr. _____

Home Address _____ Phone _____

Individual to Notify In Case of Emergency _____

Relationship _____ Phone _____

Current Health Problems _____

Medications Frequently Used _____

Allergies (Medications, Foods, Substances, etc.) _____

INSURANCE INFORMATION

Please include information for the person responsible for paying the student's medical bills. **Attach a copy of the front and back of any applicable insurance cards.**

Guarantor _____

Name Birthdate Social Security# Relationship to student

Address Phone

Employer _____

Name Address Phone

Insurance Co. _____

Name Policy Number/Group Number Address Phone

Immunization Status

All students are required to submit official documentation of 2 MMR immunizations unless contraindicated by a medical condition documented by a physician's statement of contraindicated due to religious beliefs. Physician may complete and sign this form or provide written documentation showing proof of immunization.

VACCINE	DATES GIVEN (M/D/YR)	PHYSICIAN'S SIGNATURE
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MMR (Measles, Mumps, Rubella) *** (Required)	Dose #1 _____ Dose #2 _____	
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Hepatitis B Series of 3 Doses (Recommended)	Dose #1 _____ Dose #2 _____ Dose #3 _____	
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Meningitis Vaccine (Recommended)	Date _____	
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TB Skin Test (Recommended)	Date _____	Results _____
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I have received and read the Tennessee Wesleyan College letter regarding meningitis and hepatitis B. I am aware of the risks associated with each and the options available to me with regards to vaccination. I hereby authorize Tennessee Wesleyan College and its insurance provider to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and other data covering previous confinements and/or disabilities. A copy of this authorization shall be deemed as effective and valid as the original. I further authorize the medical staff at Tennessee Wesleyan College to provide medical care. In the event that medical care is needed beyond the services that can be provided by Tennessee Wesleyan College personnel, I authorize local or regional hospital(s) and physician(s) to render service. I also authorize the hospital to release medical information to authorized representatives of Tennessee Wesleyan College. We, the parents/guardians, will be responsible for the fee for such services. You may bill us for the amount due.

Student Signature _____ Date _____

Parent signature (if student is under 18) _____ Date _____

Please return this form to: Tennessee Wesleyan College Student Life Office, P.O. Box 40, Athens, TN 37371

****The Athletic Department will require an additional form for all athletes.****

Please contact the Athletic Department at (423) 746-5300 to receive a Physical Examination Form.