



PLEASE PRINT

Office of Admissions
Medical Vaccination Waiver

_____ / _____ / _____
Last First Middle Suffix Birthday (MM/DD/YYYY)

(_____) - _____ - _____
Cell or Home Phone Number Social Security Number

Under the Tennessee Department of Health guidelines, all full-time, non-distance learning students at Cumberland University must present proof of adequate immunization against the following diseases

- (a) Measles*
- (b) Mumps*
- (c) Rubella *
- (d) Varicella **

* For Student born on or after January 1, 1957

** For Student born on or after January 1, 1980

A full-time student is an undergraduate enrolled in at least twelve (12) semester hours or the equivalent or a graduate student enrolled in at least six (6) semester hours or the equivalent.

Additionally, any student who is a health science student expected to have patient contact shall present proof of protection against Hepatitis B before patient contact begins. Adequate immunization is defined as a complete hepatitis B vaccine series; or laboratory evidence of immunity or infection.

Lastly, Cumberland University requires all students who reside in any Cumberland University Residence Hall to have the meningococcal vaccine, as suggested by the Tennessee Department of Health.

A student may be exempted from the requirements of Cumberland’s Vaccination Policy only under the following circumstances:

- (a) Where a physician licensed by a Board of Medical Examiners, a Board of Osteopathic Examiners or a Health Department determines that a particular vaccine is contraindicated for one of the following reasons :
 1. The individual meets the criteria for contraindication set forth in the manufacturer’s vaccine package insert; or
 2. The individual meets the criteria for contraindication published by the U.S. Centers for Disease Control or the ACIP;
 3. In the best professional judgment of the physician, based upon the individual’s medical condition and history, the risk of harm from the vaccine outweighs the potential benefit.
- (b) An individual who has been exempted from a particular vaccination must comply with immunization requirements for any vaccines from which he/she has not been exempted.
- (c) Where a parent or guardian, or in the case of an adult student, the student, provides to the school a written statement, affirmed under penalties of perjury, that vaccination conflicts with the religious tenets and practices of the parent or guardian, or in the case of an adult student, the student.

VACCINE WAIVER

I have received and read the Disease Fact Sheet provided by Cumberland University explaining the risks of Measles, Mumps, Rubella, Varicella, Meningococcal Disease, and Hepatitis B and the effectiveness and availability of the vaccines for each. I acknowledge that these diseases are rare, but all are life threatening illnesses. I understand that under Tennessee law, students enrolled in a Tennessee institution of higher education are required to have vaccinations for Measles, Mumps, Rubella, and Varicella, Hepatitis B vaccination for all health science students, and Cumberland University requires all residential students to be vaccinated against meningococcal disease, as suggested by the Tennessee Department of Health. With this waiver, I seek exemption from this law or University requirement; I voluntarily agree to release, discharge, indemnify and hold harmless the State of Tennessee, Cumberland University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to be immunized against any of the diseases listed above.

 Student’s Signature

_____ / _____ / _____
 Month Day Year

 Parent/Guardian Signature (if student is under age 18)

_____ / _____ / _____
 Month Day Year

Student Information

RETURN TO:

Office of Admissions, Cumberland University, 1 Cumberland Square, Lebanon, TN 37087

PLEASE PRINT

Last	First	Middle	Suffix	_____/_____/_____ Birthday (MM/DD/YYYY)
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To be completed by a physician, medical clinic, or health department official

I hereby attest that the above named student has received the following vaccinations on the dates listed as required by the Tennessee Department of Health for enrollment at an Institution of higher education.

For all full-time students:

Dose 1- MMR: Measles, Mumps, Rubella	Vaccination administered on	_____/_____/_____ Month Day Year
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Dose 2- MMR: Measles, Mumps, Rubella	Vaccination administered on	_____/_____/_____ Month Day Year
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Varicella	History of Varicella	_____/_____ Month Year
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OR

1 st Dose administered on	_____/_____/_____ Month Day Year
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2 nd Dose administered on	_____/_____/_____ Month Day Year
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Required for all residential students:

Meningococcal Disease	Vaccination administered on	_____/_____/_____ Month Day Year
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Required for all health science students:

Hepatitis B	1 st Dose administered on	_____/_____/_____ Month Day Year
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2 nd Dose administered on	_____/_____/_____ Month Day Year
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3 rd Dose administered on	_____/_____/_____ Month Day Year
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Place Health Clinic or Physician's Office Stamp Here

 Physician or Authorized Signature

_____/_____/_____
 Date Form Completed