



**Methodist**<sup>SM</sup>  
**Le Bonheur Healthcare**

## AUTHORIZATION TO RELEASE MEDICAL RECORDS

Location where the Immunization was performed: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize my immunization record and associated medical files to be released to the **CBU Health & Wellness Center/Methodist CCA**.

I verify that this may include the following: (Check all that apply)

☐ Immunization Records/ Personal Health Record

☐ Sports Physical Documentation (*if student-athlete*)

### Expiration Date

- The expiration date or expiration event for this authorization is: **4 years following the date of submission.**
- I understand I may revoke this authorization at any time with a written request to the Health Information Management Department of the above-named facility. The request to revoke authorization must contain the signature of the patient or the patient'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 and/or only if facility has not taken action in reliance thereon.
- I understand that treatment, payment, enrollment or eligibility for benefits may not be conditioned on obtaining this authorization.
- I further understand that any disclosure of records concerning diagnosis and/or treatment for alcohol or drug abuse is covered by Title 42 of the Code of Federal Regulations, and if there is any such information, I hereby authorize the release of this information.
- This authorization also includes any information related to diagnosis and/or treatment of any genetic condition psychiatric or mental illness and/or any state of infection with the HIV (AIDS) virus.
- This authorization covers materials considered "hospital records" reasonably capable of being reduced to printed form

**Methodist Le Bonheur Healthcare and its affiliates** are hereby released from all legal liability that may arise from the release of the information requested. Please note that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected under applicable federal law.

Individuals under the age of 18 must have a parent or guardian, sign the consent form below:

\_\_\_\_\_  
SIGNATURE OF PATIENT OR AUTHORIZED

\_\_\_\_\_  
DATE OF SUBMISSION

\_\_\_\_\_  
RELATIONSHIP IF SIGNED BY OTHER THAN PATIENT

\_\_\_\_\_  
PATIENT SOCIAL SECURITY NUMBER

\_\_\_\_\_  
PATIENT DATE OF BIRTH

\_\_\_\_\_  
PATIENT CELL PHONE NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**THIS FORM MUST BE COMPLETED BY ALL STUDENTS ENROLLED AT CBU**

SEND COMPLETED FORM TO:

Christian Brothers University | Division of Student Affairs | 650 East Parkway South | Box T-4 | Memphis, TN 38104  
You may also upload your files via the admissions portal or e-mail files to **health@cbu.edu**.

# CHRISTIAN BROTHERS UNIVERSITY STUDENT HEALTH FORM

**TENNESSEE STATE LAW** requires all students entering Christian Brothers University to provide documentation showing their immunizations are up-to-date. Documentation must contain proof of **2 MMR** and **2 Varicella** immunizations or proof of immunity. The MMR is the combination immunization for the Measles, Mumps, and Rubella and the Varicella immunization is for Chicken Pox.

Christian Brothers University strongly encourages members of the student body to receive an annual influenza vaccination and remain current on COVID-19 vaccinations and/or boosters. The University also reserves the right to mandate vaccines as directed by the Centers for Disease Control (CDC)

**IMPORTANT NOTE:** Acceptable documentation of immunizations must be submitted to the Office of Admissions — or Graduate program administrator — before a student can attend as a full-time student. This form is required for all students. Forms missing personal information, such as the Student ID number, will take additional processing time and will delay the student's ability to register for full- time credit hours. For questions concerning immunization requirements, please call the **Division of Student Affairs at (901) 321-3531**.

Program: ☐ DAY ☐ GRADUATE Semester Entering ☐ FALL ☐ SPRING Year Entering \_\_\_\_\_

## PLEASE PRINT

NAME \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Birth Date \_\_\_\_\_ Student ID# \_\_\_\_\_ Phone \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

## EMERGENCY CONTACT

NAME \_\_\_\_\_ Cell Phone: \_\_\_\_\_

THIS INFORMATION WILL ONLY BE USED IN THE EVENT OF AN EMERGENCY SITUATION. ☐ DO NOT HAVE HEALTH INSURANCE

Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_ Pharmacy \_\_\_\_\_

Name of Insured Individual \_\_\_\_\_ Insured Date of Birth: \_\_\_\_\_

## THIS SECTION MUST BE COMPLETED BY ALL STUDENTS

### MMR (MEASLES, MUMPS, RUBELLA) IMMUNIZATION

You are NOT required to complete this section of the form, if you were born before 1957, if you will be a part-time student, or if you graduated from a <u>TENNESSEE</u> high school in 1999 or after, please list TN public school below:  <b>Name of Tennessee Public High School attended:</b> _____	MM/DD/YYYY	MM/DD/YYYY
MMR (Measles, Mumps, Rubella) – 2 immunizations required.		
Has immunity confirmed by the MMR titer lab test. A copy of the results for all three titer tests is required.		

### VARICELLA (CHICKEN POX) IMMUNIZATION

You are NOT required to complete this section of the form, if you were born before January 1, 1980 or if you will be a part-time student.	Date MM/DD/YYYY	Date MM/DD/YYYY
Varicella (Chicken Pox) – 2 immunizations required.		
Documented history of Varicella (Chicken Pox) or Shingles from a health care practitioner.		
Has immunity confirmed by the Varicella Zoster IgG lab test. A copy of the results for Varicella IgG Zoster test is required.		

## MENINGITIS IMMUNIZATION

New students under the age of 22 must provide documentation of receiving a Meningitis immunization given on or after their 16th birthday.	<b>Date</b> <b>MM/DD/YYYY</b>
Meningitis – 1 immunization given on or after 16th birthday.	

*When immunizations are medically contraindicated, a physician must provide a signed written statement indicating which immunizations are contraindicated and why the immunizations are contraindicated and then submitted to the Office of Admission at Christian Brothers University. Religious exemptions may be requested. An original signed and notarized statement, affirmed under penalties of perjury that the vaccination conflicts with the religious tenets and practices of the student must be submitted to the Office of Health Resources in-person or by mail.*

## REQUIRED FOR INTERNATIONAL STUDENTS (IN ADDITION TO PREVIOUS)

\*A Tuberculin Skin Test is required for international students from all countries EXCEPT Canada, Jamaica, St. Kitts and Nevis, St. Lucia (USA), Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand.

Tuberculin Skin Test	Date of Test (1 year from admission)  ____/____/_____ <small>MONTH XX DATE XX YEAR XXXX</small>	Test Read  ____/____/_____ <small>MONTH XX DATE XX YEAR XXXX</small>	Result  _____ mm
----------------------	--	---	------------------------

## RECOMMENDED VACCINES

<b>Tetanus/ Diphtheria (Tdap)</b> <b>Pertussis</b>	Date of Last Dose (within 10 years)  ____/____/_____ <small>MONTH XX DATE XX YEAR XXXX</small>	<b>Polio</b> <input type="checkbox"/> IPV <input type="checkbox"/> OPV	Date of Last Dose  ____/____/_____ <small>MONTH XX DATE XX YEAR XXXX</small>
<b>Hepatitis B</b>	Date First Dose  ____/____/_____ <small>MONTH XX DATE XX YEAR XXXX</small>	Date Second Dose  ____/____/_____ <small>MONTH XX DATE XX YEAR XXXX</small>	Date Third Dose  ____/____/_____ <small>MONTH XX DATE XX YEAR XXXX</small>

☐ I have read and researched about these recommended vaccines and have elected not to receive any of these vaccines.

Please sign: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR TREATMENT AND RELEASE OF INFORMATION

I hereby authorize Christian Brothers University to gain professional medical treatment in the event of an emergency. I also authorize Health Resources to release a copy of this form to the Admissions Office and the Athletics Department in the event that the student chooses to participate in college athletics.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(STUDENT OR PARENT/GUARDIAN IF STUDENT IS UNDER 18)

## HEALTH CARE PROVIDER CERTIFICATION

**MUST BE COMPLETED BY PHYSICIAN IF PROVIDING IMMUNIZATION DOCUMENTATION  
OR ATTACH SCHOOL IMMUNIZATION RECORD SIGNED BY PHYSICIAN**

Provider's Name \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

*This form is designed to meet the legal requirements mandated by the State of Tennessee in order to assure a healthy campus. Tennessee State Law requires all entering college students to have up-to-date immunizations or immunity against measles, mumps, and rubella. Exemptions apply if the student was born prior to 1957 or if the student graduated from a Tennessee public high school in 1999 or thereafter. If these exemptions do not apply, please have a medical provider complete this portion of the health form. Appropriate official documentation as listed on the form will also be accepted.*

## IMMUNIZATIONS REQUIRED UNDER TENNESSEE STATE LAW

All students registering as full-time students at Christian Brothers University must provide proof of immunizations. Documentation of two MMR immunizations or proof of immunity for Measles, Mumps, and Rubella and documentation of two Varicella immunizations or proof of immunity for Varicella (Chicken Pox) are required. New students under the age of 22 must show proof of receiving one Meningitis immunization given on or after their 16th birthday. Acceptable documentation and special notes concerning these requirements are listed below. Documentation must be in English. Photocopies and faxed documentation are acceptable as originals cannot be returned.

### ACCEPTABLE DOCUMENTS ARE:

- The Student Health form completed and signed by health care provider
- A copy of an official immunization card. If the immunization card is provided, student must still complete the health form. A physician signature will not be required on the actual health form though.
- Shot record from your local Public Health Department
- Official documentation from a prior college or university showing immunization dates
- Proof of Immunity
  - A **positive** result for all three components of the MMR (Measles, Mumps, Rubella) Titer test
  - A **positive** result for the Varicella Zoster IgG (Chicken Pox) test
    - Or if diagnosed with the disease of Chicken Pox or Shingles, the student must provide documentation from a healthcare provider (i.e. physician, nurse practitioner, etc) confirming when the student had the disease.

### MMR – SPECIAL NOTES

- **Adult students** who graduated from a **Tennessee** high school in May 1999 or after may send a copy of their high school diploma or documentation of 2 MMR immunizations.
- Students who graduated from a **Tennessee** high school between May 1979 and May 1998, must provide documentation of ONE MMR immunization given after their graduation date or documentation of 2 MMR immunizations.

#### **The following students are not required to provide MMR documentation:**

If you were born before 1957, or an undergraduate student who graduated from a Tennessee high school in May 1999 or thereafter.

### VARICELLA/CHICKEN POX – SPECIAL NOTES

Students who graduated from a **Tennessee** high school between May 1999 and May 2016, must provide documentation of ONE Varicella immunization given after their graduation date or documentation of **2 Varicella** immunizations.

#### **The following students are not required to provide Varicella documentation:**

If you were born before January 1, 1980

### NOT ABLE TO LOCATE MMR OR VARICELLA DOCUMENTATION?

#### **HAVE THE TEST FOR IMMUNITY**

- If any component of the MMR Titer test is not positive, BOTH immunizations must be taken again
- If the Varicella Zoster test is not positive, BOTH immunizations must be taken again