

**MEDICAL REQUIREMENTS**

The following requirements must be met before your file can be reviewed for admission. Please have this form filled out correctly and completely. Be sure to read the instructions carefully to avoid having to re-submit the form and delaying the processing of your admission file.

**CERTIFICATE OF FREEDOM FROM TUBERCULOSIS**  
 (Submit within thirty (30) days from the first day of classes.)

This is to certify that \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security or ID NUMBER \_\_\_\_\_ has been examined by me and found to be free from tuberculosis.

**METHOD OF VERIFICATION** (use one of the two methods listed)

A. **TB SKIN TEST**            Date \_\_\_\_\_            Type \_\_\_\_\_            Result \_\_\_\_\_

Note:     If skin test is negative, no chest XRAY is required  
             If skin test is positive, the chest XRAY is required and you must complete Part B

B. **CHEST XRAY**            Date \_\_\_\_\_            Result \_\_\_\_\_

**PROOF OF TWO DOSES OF MEASLES, MUMPS, AND RUBELLA  
 (MMR VACCINE) AND VARICELLA (CHICKENPOX)**

Please check the appropriate line:

\_\_\_\_\_ Immunized with MMR                      *Month/Year*                      *Month/Year*  
    1st \_\_\_\_\_                      2nd \_\_\_\_\_

\_\_\_\_\_ Immunized with Varicella  
    1st \_\_\_\_\_                      2nd \_\_\_\_\_

\_\_\_\_\_ Had disease, confirmed     MMR     \_\_\_\_\_     Varicella \_\_\_\_\_  
    by medical record

\_\_\_\_\_ Has laboratory confirmed     MMR     \_\_\_\_\_     Varicella \_\_\_\_\_  
    immunity (*MMR or Varicella titer*)

\_\_\_\_\_ Medically contraindicated because of medical condition (i.e. allergy to vaccine, pregnancy, etc.)  
 Must list reason \_\_\_\_\_

**HEALTH CARE PROVIDER**  
 (Please print unless office stamp is used.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Non-immigrant applicants must have and maintain medical and hospitalization insurance as a condition of admission and continued enrollment at Columbia State. If adequate coverage is not otherwise provided, then automatic enrollment in the Tennessee Board of Regents (TBR) recommended insurance plan will be required, and the cost of the coverage will be added to registration fees. Enrollment shall take place no later than at the time of class registration. Minimum requirements for coverage are specified on the insurance form provided by the Office of Admissions.**