



Northeast State Community College
 2425 Highway 75
 Blountville, TN 37617
 Phone: 423-323-3191

**DUAL ENROLLMENT CONSENT FORM AND
 IMMUNIZATION HEALTH HISTORY FORM**

Student's Name: _____
 Last (please print) First (please print) MI

Student's Date of Birth: _____ Social Security Number: _____ - _____ - _____

Student's Address: _____
 Street City State Zip

CONSENT FOR DUAL ENROLLMENT TO BE COMPLETED BY PARENT/GUARDIAN

- Your student has requested to enroll at Northeast State Community College (NeSCC).
- Although NeSCC courses may be taught at local high schools, the courses are college-level and will be taught by credentialed instructors hired by NeSCC.
- All NeSCC courses have syllabi that should be read by your student. The syllabi will include important information, such as the instructor's contact information and grading policy.
- It is your student's responsibility to contact the instructor with any questions or concerns about the course.
- Your student is responsible for any balance not covered by the Dual Enrollment Grant and/or a Gap Scholarship (Career and Technical Education courses only). Failure to pay this balance by the fee payment deadline can result in your student's being removed from NeSCC course(s). Billing inquiries should be directed to the High School Programs Office.
- Regardless of age, enrollment at NeSCC makes your student a college student. Per federal law, all correspondence (including bills) will be addressed to your student.
- Your student is responsible for adhering to NeSCC's Policy 03:05:04 Academic, Non-Academic, and Classroom Misconduct.

I give permission for _____ to take Dual Enrollment classes with Northeast State Community College.
 (Print Student Name)

 Parent/Guardian Signature Date Parent/Guardian Phone No. Email Address (please print)

If your student has a 504 Plan or an IEP in high school, your student must contact NeSCC's Accessibility Services Office at least three weeks prior to classes beginning **each semester** your student is enrolled. Colleges are not governed by the IDEA so accommodations may be different and are not retroactive.

Accessibility Services: 423-279-7640 or hnharvey@NortheastState.edu

IMMUNIZATION HEALTH HISTORY FORM

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning measles, mumps, rubella, varicella, and hepatitis B infections to all students matriculating for the first time. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes detailed information about these diseases. The required information below includes the risk factors and dangers of these diseases as well as information on the availability and effectiveness of vaccines for persons who are at-risk for these diseases. The information concerning each disease is from the Centers for Disease Control and the American College Health Association. The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

Hepatitis B (HBV) Immunization

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

_____ I hereby certify that I have read this information and I have had the entire series of the Hepatitis B vaccine.
 _____ I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.
 _____ I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.

Measles, Mumps, Rubella (MMR) and Varicella Immunizations

Measles causes fever, rash, cough, runny nose and red, watery eyes. Complications can include ear infection, diarrhea, pneumonia, brain damage and death.
 Mumps causes fever, headache, muscle aches, tiredness, loss of appetite and swollen salivary glands. Complications can include swelling of the testicles or ovaries, deafness, inflammation of the brain and/or tissue covering the brain and spinal cord (encephalitis/meningitis), and, rarely, death.
 Rubella causes fever, sore throat, rash, headache and red, itchy eyes. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.
 Varicella (chickenpox) causes blister-like rash, itching, fever and tiredness. Complications can include severe skin infection, scars, pneumonia, brain damage or death.

You can protect yourself against these diseases with safe and effective vaccinations.
 _____ I hereby certify that I have read this information and I have had the entire series of the MMR and Varicella vaccines.
 _____ I hereby certify that I have read this information and I have elected not to receive the MMR and Varicella vaccines.
 _____ I hereby certify that I have read this information and I have elected to receive the MMR and Varicella vaccines and/or I am in the process of receiving the complete series of MMR and Varicella vaccines.

Signature of Student: _____ Date: _____
 (Parent/Guardian must sign if student is under the age of 18)