University System of Georgia

CERTIFICATE OF IMMUNIZATION

Part A - To be completed by applicant

Social Security Number

Last Name

First Name

Middle Name

Mailing Address

Apt. #

City

State

Zip Code

Part B - To be completed and signed by health care provider

1. Measles, Mumps, Rubella Immunization

Dates must include month and year ____ / _____ First dose at age 12 months or later & 2nd dose usually at 4-6 years.

MMR	MEASLES	MUMPS	RUBELLA	Laboratory/Serologic evidence of immunity
_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
_____/_____	_____/_____	_____/_____	_____/_____	_____/_____

☐ Exemption - I was born before 1957, and therefore am exempt from this requirement.

2. Tetanus-Diphtheria

_____/_____ One Td booster dose within the last ten years prior to matriculation, or

_____/_____, _____/_____, _____/_____ Primary Series of three doses with DTaP, DTP or Td.

3. Varicella

____/_____ History of chicken pox, a positive Varicella antibody, or

_____/_____, _____/_____ two doses of vaccine given at least one month apart if immunized after age 13.

4. Hepatitis B

_____/_____, _____/_____, _____/_____ Three doses of Vaccine or a positive Hepatitis surface antibody required of all students who are 18 yrs or younger.

☐ Exemption, Medical - This student is exempt from the above immunizations on the grounds of permanent medical contraindication.

☐ Exemptions, Medical - This student is temporarily exempt from the above immunizations until _____/_____

Health Care Provider

Name _____ Address _____

Signature _____ Phone (____) _____

Date _____

☐ Exemptions, Religious

I, _____, affirm that immunization requirement as required by the University System of Georgia is in conflict with my religious beliefs. I understand that I will be subject to exclusion in the event of an outbreak of any disease for which an immunization is required.

Signature:_____ Date:_____