



Georgia College & State University Certificate of Immunization

PLEASE RETURN THIS FORM TO:

Georgia College & State University
Office of the Registrar
Campus Box 69
Milledgeville, GA 31061
or fax to (478) 445-1914

STUDENT INFORMATION

GCID _____

Name _____
Last
First
Middle

Address _____

City _____ State _____ Zip _____

Term/Year of application _____ Age at time of enrollment _____ Date of Birth ____/____/____

IMMUNIZATION INFORMATION *(See the reverse of this form for specific immunization requirements.)*

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE OF POSITIVE LAB/SERLOGIC EVIDENCE
MMR	/ /	/ /			/ /
Measles	/ /	/ /			/ /
Mumps	/ /	/ /			/ /
Rubella	/ /	/ /			/ /
Varicella (Chicken Pox)	/ /	/ /			(or history of varicella) / /
Tetanus-Diphtheria (DTP,DtaP,or Td)	/ /				
Hepatitis B*	/ /	/ /	/ /	Type Series <input type="checkbox"/> 2 dose series <input type="checkbox"/> 3 dose series	/ /

*Only required of students who are 18 years of age or younger at time of expected enrollment.

For students born before 1957, the following immunizations are required: Varicella, and Tetanus.

EXEMPTIONS

- This student is exempt from the above immunizations on the grounds of medical contraindication.
- This student is temporarily exempt from the above immunization until ____/____/____.
 - A. Distance Learning/Study Abroad I declare that I will be enrolling in ONLY courses offered by distance learning or never to attend a course offered on campus or a campus managed facility. I understand that if I register for a course that is offered on campus or at a campus managed facility this exemption becomes void and I will be excluded from class until I provide proof of immunizations.
 - B. Pregnancy-expected date of confinement ____/____/____.

CERTIFICATION OF HEALTH CARE PROVIDER *(This information is required.)*

Name _____ Signature _____

Address _____

Date of Issue _____

I affirm that immunization as required by the University System of Georgia is in conflict with my religious beliefs. I understand that I am subject to exclusion in the event of an outbreak of a disease for which immunization is required.

Student Signature _____ Date _____

Immunization Requirements

(Effective Fall Semester 2005)

According to the policies of the Board of Regents of the University System of Georgia, applicants who have not previously attended Georgia College & State University must submit proof of all required immunizations certified by a health official. Applicants may obtain vaccinations by visiting their family physician or local health department.

PROOF OF IMMUNIZATION OR NATURALLY-ACQUIRED IMMUNITY – REQUIRED

VACCINE	REQUIREMENT	REQUIRED FOR:
Measles (Rubeola)	Two (2) doses of live measles vaccine (combined measles-mumps-rubella or “MMR” meets this requirement), with first dose at 12 months of age or later and second dose at least 28 days after the first dose OR Laboratory/serologic evidence of immunity	Students born in 1957 or later
Mumps	One (1) dose at 12 months of age or later (MMR meets this requirement) OR Laboratory/serologic evidence of immunity	Students born in 1957 or later
Rubella (German Measles)	One (1) dose at 12 months of age or later (MMR meets this requirement) OR Laboratory/serologic evidence of immunity	Students born in 1957 or later
Varicella (Chicken Pox)	One (1) dose at 12 months of age or later but before the student’s 13th birthday OR If first dose given after the student’s 13th birthday: Two (2) doses at least 4 weeks apart OR Medical history of varicella disease OR Laboratory/serologic evidence (blood test) of immunity	All Students
Tetanus, Diphtheria	One Td booster dose within 10 years prior to matriculation. Recommendation: Students who are unable to document a primary series of three (3) doses of tetanus containing vaccine (DtaP,DTP, or Td) are strongly advised to complete a three (3) dose primary series with Td.	All Students
Hepatitis B	Three (3) dose hepatis B series (0, 1-2, and 4-6 months) OR Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months) OR Two (2) dose hepatitis B series of Recombivax (0 and 4-6 months, given at 11-15 years of age) OR Laboratory/serologic evidence of immunity or prior infection	Required for all students who will be 18 years of age or younger at time of expected matriculation. Recommendation: It is strongly recommended that all students, regardless of their age at matriculation, discuss hepatitis B immunization with their health care provider. Entire series must be taken in increments as directed by their physician or Health Department.