



Certificate of Immunization

The Graduate School
Address 1500 N Patterson St. • Valdosta, GA 31698-0005
Phone 229-333-5694 • Fax 229-245-3853



University System of Georgia
REQUIRED
Certificate of Immunization

(Return this to the Graduate School)

Retain a copy of the completed form for your records.

STUDENT INFORMATION

Social Security Number/Student ID: _____ - _____ - _____

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

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

RECOMMENDED IMMUNIZATION INFORMATION (See the Immunization Requirements & Recommendations for USG Students documentation)

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
Human Papillomavirus 4	/ /	/ /	/ /		
Hepatitis A 5	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	/ /
Meningococcal 5	/ /	/ /			
Influenza 5	/ /	/ /	/ /		

4 – Strongly recommended for all unvaccinated women through age 26 years. 5 - Strongly recommended but not required.

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name: _____ Signature: _____

Address: _____

Date of Issue: ____/____/____ Telephone: _____

Student Signature: _____ Date: ____/____/____