



REQUIRED CERTIFICATE OF IMMUNIZATION (Return this to the institution)

Return documentation to the college or university that you are applying to. Retain a copy of the completed form for your records.

STUDENT INFORMATION

Student ID: Name: (Last) (First) (Middle) Address: City: State: Country: Zip Code: Term/Year of Application: Age at time of application: Date of Birth:

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

Table with 6 columns: VACCINE, DATE MM/DD/YYYY, DATE MM/DD/YYYY, DATE MM/DD/YYYY, HISTORY, DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE. Rows include MMR, Measles, Mumps, Rubella, Varicella, Tetanus-Diphtheria Pertussis (Whooping Cough), and Hepatitis B.

1—Not required if born before 1957. 2—Only required of students who are 18 years of age or younger at time of expected matriculation. 3—Required for all US born students born in 1980 or later; all foreign born students regardless of year born. 4 – Td booster only necessary if ≥ 10 years since Tdap dose.

PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION

- This student is exempt from the above immunizations on the ground of permanent medical contraindication. This student is temporarily exempt from the above immunization until

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name: Signature: Address: Date of Issue: Telephone:

EXEMPTIONS

Check the appropriate box, sign, and date if you are claiming exemption of the immunization requirement for one of the following reasons: I affirm that Immunization as required by the University System of Georgia is in conflict with my religious beliefs.

Student Signature: Date:

I declare that I will be enrolling ONLY in programs offered by distance learning via online courses. I understand that if I choose to (1) utilize on campus facilities, including (but not exclusive of) dining halls, on-campus housing, libraries, recreational facilities and educational buildings and/or (2) change my program so that I take any in-person classes, this exemption becomes void and I will be excluded from class until I provide proof of immunization.

Student Signature: Date:



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- 5 - Strongly recommended for all unvaccinated males and females through age 26 years.
6 - Strongly recommended but not required.
7 - Strongly recommended if residing in campus housing, sorority housing, or fraternity housing.
8 - MCV4 Booster necessary if initial MCV4 dose was received more than 5 years prior to admittance.
9 - Consider if younger than 23 yrs of age.

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Student Signature: _____ Date: __/__/__