

University System of Georgia CERTIFICATE OF IMMUNIZATION

NOTE: This form is required for applicants applying for the spring 2005 semester and later. Students who have previously attended Armstrong State College/Armstrong Atlantic State University are not required to provide immunization records.

Part I - To be completed by the Student

Social Security Number : _____

Name _____
Last Name First Name

Address _____
Street City State Zip

Age: _____ at time you enter college **Date of Birth** ____/____/____
MM DD YR

Signature: _____

Part II - To be Completed And Signed By Your Health Care Provider. Dates Must Include month and year.

Required Immunizations

A. Measles, Mumps Rubella. Required for students born in 1957 or later

OR

1. M.M.R. (Measles, Mumps, Rubella)

___ 2 Doses with the first dose at 12 months or later and the second at least 28 days after the first dose, OR (mo/day/yr)____/____/____ Dose 1
 (mo/day/yr)____/____/____ Dose 2
 ___ Laboratory/serologic evidence of immunity (mo/day/yr)____/____/____

2. Measles

___ 2 Doses with the first dose at 12 months or later and the second at least 28 days after the first dose, OR (mo/day/yr)____/____/____ Dose 1
 (mo/day/yr)____/____/____ Dose 2
 ___ Laboratory/serologic evidence of immunity (mo/day/yr)____/____/____

Mumps

___ 1 Dose at 12 months or later, OR (mo/day/yr)____/____/____ Dose 1
 ___ Laboratory/serologic evidence of immunity (mo/day/yr)____/____/____

Rubella

___ 1 Dose with the first dose at 12 months or later (mo/day/yr)____/____/____ Dose 1
 ___ Laboratory/serologic evidence of immunity (mo/day/yr)____/____/____

OR

3. Exemption

___ I was born before 1957, and therefore am exempt from this requirement

B. Tetanus-Diphtheria (Td booster dose in the last ten years or Primary Series with DTaP, DTP orTd)

___ One Td booster dose within the last ten years prior to matriculation, (mo/day/yr)____/____/____
 ___ OR Completion of primary series (DTaP, DTP or TD) within the last ten years prior to matriculation. (mo/day/yr)____/____/____

C. Varicella (Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized after age 13 years.)

___ History of Disease Yes ____ No ____, OR (mo/day/yr)____/____/____
 ___ Laboratory/serologic evidence of immunity, OR (mo/day/yr)____/____/____
 ___ 1 dose given at 12 months of age or later but before the student's 13th birthday, OR (mo/day/yr)____/____/____
 ___ 2 doses. Dose 1 given after the student's 13th birthday. 2nd dose at one month after first dose (mo/day/yr)____/____/____ Dose 1
 (mo/day/yr)____/____/____ Dose 2

D. Hepatitis B - Required of all students who are 18 years of age or younger. (Three doses of vaccine or a positive Hepatitis surface antibody)

___ 3 dose hepatitis B series,

Hepatitis B series (mo/day/yr)____/____/____ Dose 1
(mo/day/yr)____/____/____ Dose 2
(mo/day/yr)____/____/____ Dose 3

OR

___ 3 dose combined hepatitis A and hepatitis B series,

Combined (mo/day/yr)____/____/____ Dose 1
(mo/day/yr)____/____/____ Dose 2
(mo/day/yr)____/____/____ Dose 3

OR

___ 2 doses hepatitis B series of Recombivax,

Recombivax (mo/day/yr)____/____/____ Dose 1
(mo/day/yr)____/____/____ Dose 2

OR

___ Laboratory/serologic evidence of immunity or prior infection

(mo/day/yr)____/____/____

E. Exemption

___ This student is exempt from the above immunization on grounds of permanent medical contraindication.

___ This student is temporarily exempt from the above immunizations until (mo/day/yr)____/____/____

Health Care Provider

Name _____ Address _____

Signature _____ Phone (_____) _____

Date _____

Part III - Exemptions

___ 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. OR

___ I, _____ declare that I will be enrolling in ONLY courses offered by distance learning. 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.