



# CERTIFICATE OF IMMUNIZATION

**SUBMIT THIS FORM BY THE FIRST DAY OF CLASS TO:**  
 GCSU Registrar's Office | Campus Box 69 | Milledgeville, GA 31061

This signed form may also be faxed to 478-445-8535 or scanned and emailed to registrar@gcsu.edu.

## STUDENT INFORMATION

GCID 911- \_\_\_\_\_ - \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

| VACCINE                                  | DATE<br>MM/DD/YY | DATE<br>MM/DD/YY | DATE<br>MM/DD/YY                       | HISTORY<br>MM/DD/YY | DATE OF POSITIVE<br>LAB/SERLOGIC<br>EVIDENCE |
|--|------------------|------------------|--|---------------------|--|
| MMR                                      | ___/___/___      | ___/___/___      |  | ___/___/___         | ___/___/___                                  |
| Measles                                  | ___/___/___      | ___/___/___      |  | ___/___/___         | ___/___/___                                  |
| Mumps                                    | ___/___/___      | ___/___/___      |  | ___/___/___         | ___/___/___                                  |
| Rubella                                  | ___/___/___      | ___/___/___      |  | ___/___/___         | ___/___/___                                  |
| Varicella (Chicken Pox)                  | ___/___/___      | ___/___/___      |  | ___/___/___         | ___/___/___                                  |
| Tetanus-Diphtheria<br>(DTP, DtaP, or Td) | ___/___/___      | ___/___/___      | ◀ Booster needed<br>within last 10 yrs |                     | ___/___/___                                  |
| Hepatitis B<br>___ 2 dose ___ 3 dose     | ___/___/___      | ___/___/___      | ___/___/___                            | ___/___/___         | ___/___/___                                  |

## CERTIFICATION BY HEALTH CARE PROVIDER — OR — STUDENT EXEMPTION DECLARATION

- This information is accurate and complete as of the day of issue.
- This student is exempt from the above immunizations on the grounds of medical contraindication.
- This student is temporarily exempt from the above immunizations until \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Location \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I affirm that immunization as required by the University System of Georgia conflicts with my religious beliefs.

I understand that I am subject to exclusion from class and campus in the event of an outbreak of a disease for which immunization is required.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# USG Immunization Requirements

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.

## REQUIRED IMMUNIZATIONS

| 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 <b>OR</b> 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) <b>OR</b> 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) <b>OR</b> 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 <b>OR</b> If first dose given after the student’s 13th birthday: Two (2) doses at least 4 weeks apart <b>OR</b> Medical history of varicella disease <b>OR</b> Laboratory/serologic evidence (blood test) of immunity.                                   | All Students  |
| Tetanus, Diphtheria      | One Td booster dose within 10 years prior to matriculation. <i>Recommendation:</i> 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 hepatitis B series (0, 1-2, and 4-6 months) <b>OR</b> Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months) <b>OR</b> Two (2) dose hepatitis B series of Recombivax (0 and 4-6 months, given at 11-15 years of age) <b>OR</b> Laboratory/serologic evidence of immunity or prior infection. | Required for all students who will be 18 years of age or younger at time of enrollment. |

## RECOMMENDED VACCINATIONS

It is strongly recommended that all students, regardless of their age, discuss Hepatitis B immunization with their health care provider. Entire series must be taken in increments as directed by their physician or Health Department.

Other recommended immunizations include Human Papillomavirus, Hepatitis A, Meningococcal ACWY (MCV4), Meningococcal B, and Annual Influenza. Please discuss these with your physician or Health Department.

Pursuant to state legislation, all students residing in campus housing are required to sign a document stating that they have received a vaccination against meningococcal disease or reviewed the information provided by the institution.