

Georgia State University

CERTIFICATE OF IMMUNIZATION (effective Summer Semester 2006)

This Form **MUST** be returned to: IMMUNIZATIONS OFFICE, Georgia State University,
By U.S. Mail: P. O. Box 3996, Atlanta, GA 30303-3081;
In person: 147 Sparks Hall, 33 Gilmer St. SE;
or FAX TO: 404-651-1238; phone 404-651-1171.

Part I – To be completed by the Student

Student ID: (Social Security Number Or number beginning with S or A) _____ - ____ - _____

Name _____
Last Name First Name

Address _____
Street City State Zip

Your Age on first day of class at GSU: _____ Date of Birth ____/____/____
Month Day Year

First Term of Enrollment (circle year and term): 2006/2007 Fall/Spring/Summer

Place of Birth: _____/_____
City Country Student Signature: _____

Part II – Required Immunizations

Must Be Completed And Signed AND STAMPED By Your Health Care Provider.

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

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, Date of MMR#1: _____; MMR#2: _____. **OR**
- Laboratory/serologic evidence of immunity (attach copy with titer and date)

OR

2. Measles

- 2 Doses with the first dose at 12 months or later and the second at least 28 days after the first dose, Date of Measles#1: _____; #2: _____. **OR**
- Laboratory/serologic evidence of immunity (attach copy with titer & date)

Mumps

- 1 Dose at 12 months or later, Date of Mumps shot _____. **OR**
- Laboratory/serologic evidence of immunity (attach copy with titer & date)

Rubella

- 1 Dose at 12 months or later, Date of Rubella shot _____. **OR**
- Laboratory/serologic evidence of immunity (attach copy with titer & date)

OR

3. Exemption

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

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

- One Tdap booster dose within the last ten years prior to matriculation, Date of booster: _____. **OR**
- One Td booster dose within the last ten years prior to matriculation, Date of booster: _____. **OR**
- Primary Series of three doses with DTaP, DTP or TD within the last ten years prior to matriculation. Dates of 3 doses: _____; _____; _____.

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 verified by undersigned clinician; Disease Date _____, **OR**
- Laboratory/serologic evidence of immunity (attach copy with titer & date) **OR**
- 1 dose given at 12 months of age or later but before the student's 13th birthday, Date of shot: _____ **OR**
- 2 doses. Dose 1 given after the student's 13th birthday. 2nd dose at least one month after first dose, Date of 1st shot: _____; Date of 2nd shot: _____.

OR Exemption I was born in the United States of America on 12/31/1965 or earlier.

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

- 3 dose hepatitis B series, Dates of 3 shots: _____; _____; _____. **OR**
- 3 dose combined hepatitis A and hepatitis B series, Dates of 3 shots: _____; _____; _____. **OR**
- 2 doses hepatitis B series of Recombivax, Dates of 2 shots: _____; _____. **OR**
- Laboratory/serologic evidence of immunity or prior infection (attach copy with titer & date).

D. **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 ____/____/____

Health Care Provider

Name: _____ Signature: _____

Address: _____

Phone: (____) _____ Date: _____

Original Medical Office Stamp MUST be stamped in box below or form will not be accepted:

Part III – Exemptions

I, _____ affirm by my signature below 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.

Signature: _____

OR

I, _____ declare by my signature below that I will ONLY be enrolling in courses offered by distance learning, and therefore I will not be attending ANY classes on the GSU campuses. I understand that registering for a course offered on-campus or at a University owned or controlled facility void this exemption and I will be excluded from class until I provide proof of immunizations. *This Exemption must be requested for each new term of registration for off-campus courses.*

Signature: _____

Parts I, II and III (PAGES 1 AND 2) are to be signed, stamped and submitted to the Immunizations Office. Meningitis Requirement forms are to be submitted to the Housing Office. Phone: 404-463-9052.