



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

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

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

Address: _____

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

Term/Year of Application: _____ Current Age: _____ Date of Birth: ____/____/____

REQUIRED 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	
MMR 1	/ /	/ /				
Measles 1	/ /	/ /				/ /
Mumps 1	/ /	/ /				/ /
Rubella 1	/ /	/ /				/ /
Varicella 3	/ /	/ /				(or history of Varicella) / /
Tetanus-Diphtheria Pertussis (Whooping Cough) 4	Tdap / /	Td Booster 4 / /				
Hepatitis B 2	/ /	/ /				/ /

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

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: ____/____/____