

**Georgia State University
REQUIRED CERTIFICATE OF IMMUNIZATION
Last revised: 6.21.2012**

Retain a copy of the completed form for your records.

STUDENT INFORMATION

Student ID: _____ Nation of Birth: _____

Name: _____ Date of Birth: ____/____/____
Last First Middle

Address: _____

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

Your age on the 1st day of class at GSU: _____ term of enrollment (circle one): Spring Sum Fall 20____

Student Signature _____ Phone #: _____

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

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY		DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE (copy of lab report REQUIRED)
MMR 1	/ /	/ /			
Measles 1	/ /	/ /			/ /
Mumps 1	/ /	/ /			/ /
Rubella 1	/ /	/ /			/ /
Varicella 3	/ /	/ /		Date of Disease / /	/ /
Tetanus-Diphtheria Pertussis(Whooping Cough) 4	Tdap / /	Td 4 / /			
Hepatitis B 2	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	/ /
Meningococcal	/ /	MCV4 booster 8 / /			Required for newly admitted freshmen or matriculated students planning to reside in university managed campus housing. 8—MCV4 Booster only necessary if younger than 21years & initial MCV4 dose was received before age 16 years

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: _____

Medical Office Stamp:

Phone: _____ Date: ____/____/____

EXEMPTIONS

Check the appropriate box, sign, & 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.

Military exemption —students who were active military within past 2 yrs, must show proof of active military service.

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 immunization.

Student Signature: _____ Date: ____/____/____ semester and year-----

Address: 141 Piedmont Ave., Ste. D, Atlanta GA 30303 phone: 404.413.1940 Fax: 404.413.1955