



Middle Georgia State University

100 University Parkway, Macon, GA 31206

CERTIFICATE OF IMMUNIZATION

Return documentation to Middle Georgia State University. 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: _____ Age at time of application: _____ 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: _____

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 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: ____/____/____

IMMUNIZATION REQUIREMENTS

According to the policies of the Board of Regents of the University System of Georgia, applicants who have not previously attended Middle Georgia State University must submit proof of all required immunizations certified by a health official.

The Board of Regents and the Division of Public Health of the Georgia Department of Human Resources developed the requirements and recommendations outlined in the tables below. The following immunizations are required of all new applicants to Middle Georgia State University effective Spring Semester 2008.

APPLICANTS MUST SUBMIT ONE OF THE FOLLOWING IN ORDER TO DOCUMENT PROOF OF REQUIRED IMMUNIZATIONS.

- Middle Georgia State University Certificate of Immunization Form
- Georgia County Health Department Immunization History Printout
- Georgia Registry of Immunization Transactions and Services (GRITS) Printout
- Georgia Department of Human Resources Certificate of Immunization (Form 3231)
- World Health Organization (WHO) Certificate of Immunization
- Military Immunization Record

PROOF OF IMMUNIZATION OR NATURALLY ACQUIRED IMMUNITY -- REQUIRED

Vaccine	Requirement	Required for:
Measles (Rubeola)	Two (2) doses of live measles containing 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 or Laboratory/serologic evidence of immunity	Students born in 1957 or later
Mumps	Two (2) doses of live mumps containing 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 or 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) or Laboratory/serologic evidence of immunity	Students born in 1957 or later (<i>Because rubella can occur in some persons born before 1957 and because congenital rubella syndrome can occur in the offspring of women infected with rubella during pregnancy, women born prior to 1957 who may become pregnant are strongly encouraged to ensure that they are immune to rubella</i>)
Varicella (Chicken Pox)	Two (2) doses spaced at least 3 months apart if both doses are given before the student's 13 th birthday, or Two (2) doses at least 4 weeks apart, if first dose given after the student's 13 th birthday or Reliable history of varicella disease (chicken pox) or Laboratory/serologic evidence of immunity or History of herpes zoster (shingles)	All <u>U.S. born</u> students born in 1980 or later All foreign born students regardless of year born
Tetanus, Diphtheria	One TD containing booster dose within 10 years prior to matriculation. Combined tetanus, diphtheria, and acellular pertussis (whooping cough) booster (Tdap) is preferred but Td is acceptable. (<i>Students who are unable to document a primary series of 3 doses of TD containing vaccine (DTap, DTP, or Td) are strongly advised to complete a 3-dose primary series.</i>)	All Students
Hepatitis B	Three (3) dose hepatitis B series (0, 1-2, and 4-6 months) or Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months) or Two (2) dose hepatitis B series of Recombivax (0 and 4-6 months, given at 11-15 years of age) or Laboratory/serologic evidence of immunity or prior infection	Required for all students who will be 18 years of age or less at time of expected matriculation. <i>Recommendation: It is strongly recommended that all students, regardless of their age at matriculation, discuss hepatitis B immunization with their health care provider.</i>

ADDITIONAL IMMUNIZATION RECOMMENDATIONS -- NOT REQUIRED

Vaccine	Recommendation
Meningococcal	One (1) dose meningococcal conjugate vaccine (preferred) or 1 dose of meningococcal polysaccharide within 5 year prior to matriculation.
Influenza	Annual vaccination at the start of influenza season (October - March)
Human Papillomavirus	3 dose HPV series. Dose #2 given 4-8 wks after dose #1, and dose #3 given 6 mos after dose #1 (at least 10 wks after dose #2)
Hepatitis A	Two (2) dose hepatitis A series (0 and 6-12 months), or Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months)
Other Vaccines	Other vaccines may be recommended for students with underlying medical conditions and students planning international travel. Students meeting these criteria should consult with their physicians or health clinic regarding additional vaccine recommendations.