

Georgia State University
CERTIFICATE OF IMMUNIZATION- effective Spring 2009

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	/ /	/ /		Date of Disease / /	/ /
Tetanus-Diphtheria (DTP, DTaP, Tdap, or Td within 10 years)	(Most recent date) / /				
Hepatitis B 2	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	/ /
Meningococcal 3	/ /	/ /			

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 newly admitted freshmen/ matriculated students planning to reside in university managed campus housing.

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.
 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**-----

Immunization Requirements Georgia State University Students – Effective Spring 2008

Vaccine	Requirement	Required for:
Measles (Rubeola)	<ul style="list-style-type: none"> - 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, <li style="text-align: center;">or - Laboratory/serologic evidence of immunity 	Students born in 1957 or later
Mumps	<ul style="list-style-type: none"> - 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, <li style="text-align: center;">or - Laboratory/serologic evidence of immunity 	Students born in 1957 or later
Rubella (German Measles)	<ul style="list-style-type: none"> - 1 dose at 12 months of age or later (MMR meets this requirement), <li style="text-align: center;">or - Laboratory/serologic evidence of immunity 	Students born in 1957 or later
Varicella (Chicken Pox)	<ul style="list-style-type: none"> - 2 doses spaced at least 3 months apart if both doses are given before the student’s 13th birthday, <li style="text-align: center;">or - 2 doses at least 4 weeks apart, If first dose given after the student’s 13th birthday: <li style="text-align: center;">or - Reliable history of varicella disease (“chicken pox”), <li style="text-align: center;">or - Laboratory/serologic evidence of immunity <li style="text-align: center;">or - History of herpes zoster (shingles) 	<p>All <u>U.S born</u> students born in 1980 or later</p> <p>All foreign born students regardless of year born</p>
Tetanus, Diphtheria	One tetanus/diphtheria 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 tetanus/diphtheria-containing vaccine (DTaP, DTP, or Td) are strongly advised to complete a 3-dose primary series.</i>)	All students
Hepatitis B	<ul style="list-style-type: none"> - 3 dose hepatitis B series (0, 1-2, and 4-6 months), <li style="text-align: center;">or - 3 dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months), <li style="text-align: center;">or - 2 dose hepatitis B series of Recombivax™ (0 and 4-6 months, given at 11-15 years of age), <li style="text-align: center;">or - Laboratory / serologic evidence of immunity or prior infection 	<p>Required for all students who will be 18 years of age or less at matriculation.</p> <p>It is strongly recommended that all students, regardless of their age at matriculation, discuss hepatitis B immunization with their health care provider.</p>
Meningococcal	1 dose meningococcal conjugate vaccine (preferred) or one dose meningococcal polysaccharide within 5 years prior to matriculation,	Newly admitted freshmen or matriculated students planning to reside in on campus housing.

Records of your shots may be requested from schools you have previously attended, county health department records, military records, or your physician. **If you are unable to locate your shot records, but are certain that you had the shots, we recommend blood tests (titers) instead of repeating the shots. If the titer shows you are immune, then you have proven immunity. If the titer shows you are NOT immune, you will need shots. Tetanus/Diphtheria proof is by shot record only (no titers accepted for Tetanus-Diphtheria).**

PLEASE SUBMIT YOUR RECORDS EARLY!

Allow 6 business days from the time your immunization record is received for processing, posting, and releasing immunization holds. Incomplete or unacceptable records may take up to 14 business days due to correspondence time requesting corrections from you.