



UNIVERSITY SYSTEM OF GEORGIA
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: Age at time of application: Date of Birth:

REQUIRED IMMUNIZATION INFORMATION (See the Immunization Requirements & Recommendations for USG Students documentation)

Table with 6 columns: VACCINE, DATE MM/DD/YYYY, DATE MM/DD/YYYY, DATE MM/DD/YYYY, HISTORY, DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE. Rows include MMR 1, Measles 1, Mumps 1, Rubella 1, Varicella 3, Tetanus-Diphtheria Pertussis (Whooping Cough) 4, and 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

- Exemption options: permanent medical contraindication, temporarily exempt 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...

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...

Student Signature: Date:



UNIVERSITY SYSTEM OF GEORGIA

RECOMMENDED CERTIFICATE OF IMMUNIZATION

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Address: _____

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

Term/Year of Application: _____ Age at time of application: _____ Date of Birth: ____/____/____

RECOMMENDED IMMUNIZATION INFORMATION (See the Immunization Requirements & Recommendations for USG Students

documentation)

Table with 6 columns: VACCINE, DATE MM/DD/YYYY, DATE MM/DD/YYYY, DATE MM/DD/YYYY, HISTORY, DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE. Rows include Human Papillomavirus 5, Hepatitis A 6, Meningococcal 7, 8, and Influenza 6.

5 – Strongly recommended for all unvaccinated women through age 26 years.

6 - Strongly recommended but not required.

7 – Strongly recommended if younger than 21 years and unvaccinated.

8 – MCV4 Booster only necessary if younger than 21 years & initial MCV4 dose was received before age 16 years.

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name: _____ Signature: _____

Address: _____

Date of Issue: ____/____/____ Telephone: _____

Student Signature: _____ Date: ____/____/____