

# CERTIFICATE OF IMMUNIZATION

## Gainesville College

*A Two-Year Unit of the University System of Georgia*

**ATTENTION** – The Gainesville College Admissions Office must receive this completed and signed form before admission will be granted. Upon completion, please return to: Admissions Office, Gainesville College, P.O. Box 1358, Gainesville, GA 30505

**PART A** - To be completed by student

Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Expected Semester and year of Enrollment \_\_\_\_\_  
Semester Year

**PART B** - To be completed and signed by a health care provider. Dates must include month and year.

Required Immunizations:

1. For students born in or before 1957, Rubella immunity, as in IV.
2. For all other students, either MMR immunity, as in I or measles, mumps and rubella immunity, as in II, III and IV.

I. MMR (Measles, Mumps, Rubella) *Note: Date must be after 1970*

1.  Dose 1 - immunized at 12 months of age or later, **and** (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_
2.  Dose 2 - immunized at least 30 days after Dose 1. (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_

II. MEASLES *Note: Date must be after March 4, 1963*

1.  Had disease, confirmed by physician diagnosis in office record, **OR** (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_
2.  Born in or before 1957 and therefore considered immune, **OR** (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_
3.  Has laboratory evidence of immune titer (specify date of titer), **OR** (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_
4.  Immunized with live measles vaccine at 12 mos. of age or later, **AND** (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_
5.  Immunized with second dose of live measles vaccine at least 30 days after first dose (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_

III. MUMPS *Note: Date must be after April 22, 1971*

1.  Had disease, confirmed by physician diagnosis in office record, **OR** (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_
2.  Born in or before 1957 and therefore considered immune, **OR** (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_
3.  Has laboratory evidence of immune titer (specify date of titer), **OR** (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_
4.  Immunized with vaccine at 12 mos. of age or later (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_

IV. RUBELLA *Note: Date must be after June 9, 1969*

1.  Has laboratory evidence of immune titer (specify date of titer), **OR** (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_
2.  Immunized with vaccine at 12 mos. of age or later (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_

Exemption on grounds of permanent medical contraindication

Exemption on grounds of temporary medical contraindication

a)  pregnancy - expected date of confinement (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_

b)  other - anticipated date of end of contraindication (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_

*Immunization status indicated above is certified by:*

\_\_\_\_\_  
Signature of physician or health facility official Date

\_\_\_\_\_  
Name and address of physician or public health facility

### RELIGIOUS EXEMPTION

*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 from campus in the event of an outbreak of a disease for which immunization is required.*

\_\_\_\_\_  
Signature of Student (Student signature required only for religious exemption) Date