

REQUIRED IMMUNIZATION INFORMATION

Effective summer term 1991, all applicants are required to satisfy immunization requirements for measles, mumps and rubella (MMR) before being eligible for admission consideration. The Board of Regents of the University System of Georgia has instituted this policy in order to minimize potential outbreaks of measles, mumps and rubella on college campuses. This requirement applies to all admissions classifications (i.e., Freshman, Transfer, Joint Enrollment, Non-Traditional, Special, Transient).

Please submit the original Certificate of Immunization (reverse side) completed by a physician or health facility official by the posted document deadline.

Important Notice: You will NOT be accepted and cleared for registration until the completed certificate showing you have the required immunities is received by District Admissions and Records, Georgia Perimeter College.

Please return Certificate of Immunization form to:

GEORGIA PERIMETER COLLEGE
DISTRICT ADMISSIONS AND RECORDS
555 NORTH INDIAN CREEK DRIVE
CLARKSTON, GEORGIA 30021-2396

MAIN LOCATION AND INFORMATION NUMBERS FOR LOCAL HEALTH DEPARTMENTS

Please call the information number to find the center closest to you!

County	Address	Phone Number
Fulton County	99 Butler Street, Atlanta	730-1484
Cobb County	1650 County Farm Road, Marietta	514-2300
DeKalb County	440 Winn Way, Decatur	294-3700
Gwinnett County	15 S. Clayton Street, Lawrenceville	963-6136
Clayton County	134 Spring Street, Jonesboro	471-8636
Rockdale County	1329 Portman Drive, Suite D, Conyers	929-0292

CERTIFICATE OF IMMUNIZATION

GEORGIA PERIMETER COLLEGE (formerly DeKalb College)

NOTE: KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS.

PART A. To be completed by student

Name _____
LAST FIRST MIDDLE NAME

Date of Birth _____ Social Security Number _____ Phone #() _____
(Required)

Address _____
STREET CITY STATE ZIP

Enrollment Term (check one) _____ Fall _____ Spring _____ Summer 19 _____

PART B—To be completed and signed by a health care provider. Dates must include month, day and year.

Required Immunizations:

1. For students born before 1957, Rubella immunity, as in IV,
2. For all other students, either (a) MMR immunity, as in I or (b) 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 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 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 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 in the event of an outbreak of a disease for which immunization is required.

Signature of student (required ONLY for religious exemption)

Date