

Georgia State University CERTIFICATE OF IMMUNIZATION

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: _____

Phone: _____ Date: ____/____/____

Medical Office Stamp:

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.
- Military exemption —students who were active military within past 2 yrs, must show proof of active military service.
- 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-----

Address: 141 Piedmont Ave., Ste. D, Atlanta GA 30303 phone: 404.413.1940 Fax: 404.413.1955

**Georgia State University
RECOMMENDED
CERTIFICATE OF IMMUNIZATION**

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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 #: _____

RECOMMENDED IMMUNIZATIONS INFORMATION

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY		DATE OF POSITIVE LAB/ SEROLOGIC EVIDENCE
Human Papillomavirus 4	/ /	/ /	/ /		
Hepatitis A 5	/ /	/ /		2 Dose Series	/ /
Influenza 5	/ /				

4 — Strongly recommended for all unvaccinated women through age 26 yrs 5 Strongly recommended but not required

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name: _____ Signature: _____
 Address: _____

 Phone: _____ Date: ____/____/____

Medical Office Stamp:

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 or signed documentation that student / parent if <18, has received and reviewed information about disease as required by O.C.G.A s31-12-3.2	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 3 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.

Immunizations Recommended for All Students

Vaccine	Recommended Schedule	Notes
Influenza	Annual vaccination at start of Influenza season (October – March)	Strongly recommended for students with immunodeficiencies, as well as for students living in dormitories / groups
Human Papillomavirus (HPV)	3 dose HPV series . Dose #2 8 wks after #1 & dose 3 given 6 mos after dose #1	HPV vaccine was licensed for females 9 yrs through 26yrs. Student should discuss with their healthcare provider about their risk for HPV disease and the benefits of HPV vaccination. Strongly recommended for all unvaccinated women through age 26yrs.
Hepatitis A	2 dose hepatitis A series (0and 6-12 mos)	Strongly recommended for persons traveling to countries where hepatitis is endemic, men who have sex with men, users of injectable drugs, persons with clotting factor disorders& persons with liver disease.
Pneumococcal Polysaccharide	1 dose for persons<65 yrs if chronic illness / 1 dose for unvaccinated persons > 65 yrs	booster shot after person is 65yrs is not recommended
Other Vaccines	Other vaccines may be recommendedfor students with underlying medical conditions/ for international travel. Students meeting these criteria should consult their physician regarding additional recommendations	

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