



University System of Georgia

RECOMMENDED CERTIFICATE OF IMMUNIZATION

To be completed by student. Retain a copy of the completed form for your records.

Social Security Number OR Student ID: _____ Today's Date: _____

Name: _____
Last Name First Name Middle Name

Address: _____

City: _____ State: _____ Zip: _____

Term/Year of Application: _____ Age: _____ at time you will enter college Date of Birth: _____

Student's Signature: _____ Phone Number: (_____) _____

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 4, Hepatitis A 5, Meningococcal 5, and Influenza 5.

4 - Strongly recommended for all unvaccinated women through age 26 years. 5 - Strongly recommended but not required.

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name: _____

Address: _____

Telephone: _____

Date of Issue: _____ Signature: _____

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. I understand that I am subject to exclusion in the event of an outbreak of a disease for which immunization is required.

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 and I will be excluded from class until I provide proof of immunization.

Student Signature: _____ Date: _____