

East Georgia

STATE COLLEGE[®]

REQUIRED CERTIFICATE OF IMMUNIZATION

The form must be signed and dated by a licensed physician, qualified employee of a private medical practice, or County Health Department.

Student ID: _____ Date of Birth: ____/____/____

Name: (Last) _____ (First) _____ (Middle) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

| VACCINE | DATE MM/DD/YYYY | DATE MM/DD/YYYY | DATE MM/DD/YYYY | HISTORY | DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE |
|--|--------------------|---------------------|--------------------|--|---|
| MMR 1 | / / | / / | | | |
| Measles 1 | / / | / / | | | / / |
| Mumps 1 | / / | / / | | | / / |
| Rubella 1 | / / | / / | | | / / |
| Varicella 3 | / / | / / | | or history of Varicella / / | / / |
| Tetanus-Diphtheria Pertussis (Whooping Cough) 4 | Tdap / / | Td Booster 4 / / | | | |
| Hepatitis B 2 | / / | / / | / / | Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series | / / |

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

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name: _____ Signature: _____

Address: _____

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

PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION

This student is exempt from the above immunizations on the grounds of permanent medical contraindication.

This student is temporarily exempt from the above immunization until ____/____/____.

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.

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/ONLINE. 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: _____

East Georgia STATE COLLEGE[®]

REQUIRED CERTIFICATE OF IMMUNIZATION

Student ID: _____ Date of Birth: _____ / _____ / _____

Name: (Last) _____ (First) _____ (Middle) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

RECOMMENDED IMMUNIZATION INFORMATION

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

| VACCINE | DATE MM/DD/YYYY | DATE MM/DD/YYYY | DATE MM/DD/YYYY | HISTORY | DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE |
|--|--------------------|----------------------------------|--------------------|--|---|
| Human Papillomavirus ⁵ | / / | / / | / / | | |
| Hepatitis A ⁶ | / / | / / | / / | Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series | / / |
| Meningococcal ACWY ^{7, 8} (MCV4) | / / | / / MCV4 Booster ⁸ | | | |
| Meningococcal ⁹ | / / | / / | / / | Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series | |
| Annual Influenza ⁶ | / / | / / | | | |

5 — Strongly recommended for all unvaccinated males and females through age 26 years.

6 — Strongly recommended but not required.

7 — Required if residing in on campus housing

8 — MCV4 Booster necessary if initial MCV4 dose was received more than 5 years prior to admittance

9 — Consider if younger than 23 yrs of age

CERTIFICATION OF HEALTH CARE PROVIDER *(This information is required)*

Name: _____

Signature: _____

Address: _____

Date of Issue: _____

Medical Office Stamp



Immunization Requirements and Recommendations for University System of Georgia Students

| Vaccine | Requirement | Required for: |
|--|--|---|
| Measles (Rubeola) | Two (2) doses of live measles vaccine (combined measles-mumps-rubella or "MMR" meets this requirement), with the first dose at 12 months of age or later and the second dose at least 28 days after the first dose OR laboratory or serologic evidence of immunity | Students born in 1957 or later |
| Mumps | One dose at 12 months of age or later & second dose 28 days after first dose (MMR meets this requirement) OR laboratory or serologic evidence of immunity. | Students born in 1957 or later |
| Rubella (German Measles) | One (1) dose at 12 months of age or later (MMR meets this requirement) OR laboratory or serologic evidence of immunity. | Students born in 1957 or later |
| Varicella (Chicken Pox) | (2) doses spaced at least 3 months apart if both doses are given before the student's 13th birthday or 2 doses at least 4 weeks apart, if first dose is given after the student's 13th birthday or reliable history of varicella disease (chicken pox) or laboratory/serologic evidence of immunity or history of herpes zoster (shingles) | All U.S. born students born in 1980 or later. All foreign-born students regardless of year born |
| Tdap (must be administered on or after 6/10/2005) | All students must have one dose of Tdap OR 1 dose of Td if it has been 10 years or more since receiving Tdap. | All students |
| Hepatitis B | Three (3) dose hepatitis B series (0, 1-2 and 4-6 months) OR Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2 and 6-12 months) OR Two (2) dose hepatitis B series of Recombivax (0 and 4-6 months, given at 11-15 years of age) OR laboratory or serologic evidence of immunity. | Required for all students who will be 18 years of age or less at the time of expected enrollment. <i>Recommendation: It is strongly recommended that all students, regardless of their age at matriculation, discuss hepatitis B immunization with their health care provider.</i> |
| Meningococcal Vaccine (Strongly Recommended for all students under the age of 22) | Menactra or Menveo (MCV4) OR Menactra or Menveo Booster (If first dose more than 5 yrs prior to admittance) | All newly admitted EGSC students living in on Campus Housing. <i>NOTE: A student may sign a statement of understanding in lieu of providing proof of immunization.</i> |

ADDITIONAL IMMUNIZATION RECOMMENDATIONS - NOT REQUIRED

| Vaccine | Recommendation |
|----------------------|---|
| Influenza | Annual vaccination at the start of influenza season (August-March) |
| Hepatitis A | Two (2) dose hepatitis A series (0 and 6-12 months), OR Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2 and 6-12 months) |
| Other Vaccines | Other vaccines may be recommended for students with underlying medical conditions and students planning international travel. Students meeting these criteria should consult with their physicians or health clinic regarding additional vaccine recommendations. |
| Human Papillomavirus | 3 dose HPV series. Dose #2 is given 4-8 weeks after dose #1 and dose #3 is given 6 months after dose #1 (at least 10 weeks after dose #2) |