

Georgia State University
REQUIRED CERTIFICATE OF IMMUNIZATION
 Last revised: 6.21.2012

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 3	/ /	/ /		Date of Disease / /	/ /
Tetanus-Diphtheria Pertussis(Whooping Cough) 4	Tdap / /	Td 4 / /			
Hepatitis B 2	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	/ /
Meningococcal	/ /	MCV4 booster 8 / /			Required for newly admitted freshmen or matriculated students planning to reside in university managed campus housing. 8—MCV4 Booster only necessary if younger than 21years & initial MCV4 dose was received before age 16 years

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 \geq 10 years since Tdap dose

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-----

**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 5	/ /	/ /	/ /		
Hepatitis A 6	/ /	/ /		2 Dose Series	/ /
Influenza 6	/ /				
Pneumovax	/ /				

5— Strongly recommended for all unvaccinated women through age 26 yrs 6 Strongly recommended but not required

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name: _____ Signature: _____
 Address: _____

 Phone: _____ Date: ____/____/____

Medical Office Stamp:

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

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!

. Incomplete or unacceptable records,(example: no student id #, no date of birth), may take up to 14 business days due to correspondence time requesting corrections from you.



Immunization Requirements and Recommendations for University System of Georgia Student

Proof of Immunization or Naturally-Acquired Immunity Required for Some or All Students			
Vaccine	Requirement	Required for:	Notes
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	<ol style="list-style-type: none"> 1) Guidelines exist for vaccination of persons with altered immunocompetence. 2) For students born before 1957, proof of immunity may be required enrolled in health care curriculum.
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	<ol style="list-style-type: none"> 1) Guidelines exist for vaccination of persons with altered immunocompetence. 2) For students born before 1957, proof of immunity may be required enrolled in health care curriculum.
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	<ol style="list-style-type: none"> 1) Guidelines exist for vaccination of persons with altered immunocompetence. 2) For students born before 1957, proof of immunity may be required enrolled in health care curriculum.

Proof of Immunization or Naturally-Acquired Immunity Required for Some or All Students

Vaccine	Requirement	Required for:	Notes
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. or - 2 doses at least 4 weeks apart, if first dose 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) 	<p>All <u>U.S born</u> students born during or after 1980</p> <p>All foreign born students regardless of year born</p>	<ol style="list-style-type: none"> 1) Guidelines exist for vaccination of persons with altered immunocompetence. 2) For students born before 1980, proof of immunity may be required enrolled in health care curriculum.
Tetanus, Diphtheria Pertussis (Whooping Cough)	<ul style="list-style-type: none"> - One dose of Tdap for person if they have not previously received Tdap. or - One Td booster dose if it has been 10 years after receiving Tdap. 	<p>All students</p>	<ol style="list-style-type: none"> 1) Tdap can be administered regardless of interval since the last tetanus or diphtheria toxoid-containing vaccine. 2) Tetanus/diphtheria containing boosters are recommended every 10 years throughout adulthood. A single dose of Tdap is recommended to replace a single dose of Td. 3) 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.

Proof of Immunization or Naturally-Acquired Immunity Required for Some or All Students			
Vaccine	Requirement	Required for:	Notes
Hepatitis B	<ul style="list-style-type: none"> - 3 dose hepatitis B series (0, 1-2, and 4-6 months), or - 3 dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months), or - 2 dose hepatitis B series of Recombivax™ (0 and 4-6 months, given at 11-15 years of age), 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>	<p>May be required (along with recommended post-vaccine serologic testing) for students in the health sciences, regardless of age at matriculation.</p>
Signed Documentation Stating that Student Has Received the Vaccine OR Reviewed Information Provided as Required by House Bill 521 Required for Some Students			
Vaccine	Requirement	Required for:	Notes
Meningococcal	<ul style="list-style-type: none"> - 1 dose meningococcal conjugate vaccine (MCV4) for unvaccinated persons 21 yrs or younger -or - 1 booster dose of meningococcal conjugate vaccine (MCV4) for persons 21 yrs or younger if received initial MCV4 dose younger than age 18 yrs. If initial MCV4 dose given age ≥16 yrs, no booster dose required. or Signed documentation that student (or parent or guardian if student <18 years old) has received and reviewed information about the disease as required by O.C.G.A. § 31-12-3.2 	<p>Newly admitted freshmen or matriculated students <u>planning to reside in university managed campus housing</u></p>	<ol style="list-style-type: none"> 1) Effective January 2004, University System of Georgia Institutions are required by O.C.G.A. §31-12-3.2 to obtain signed documentation from newly admitted freshman or matriculated students indicating that they have received the vaccine or have reviewed information about the disease. If a student is a minor, only a parent or guardian may sign such document. 2) Routine vaccination of healthy persons who are not at increased risk for exposure is not recommended after age 21 years. Because of the limited period of increased risk, CDC does not currently recommend that college freshman living in campus housing who are previously vaccinated with MCV4 be revaccinated. However, college freshman living in dormitories who were vaccinated with MPSV4 ≥5 years previously are commended to be vaccinated with MCV4.

Immunization Recommended for All Students		
Vaccine	Recommended Schedule	Notes
Influenza	- Annual vaccination at the start of influenza season (October – March)	Strongly recommended for students with medical conditions such as diabetes, asthma, or immunodeficiencies, as well as for students residing in dormitories or other group living situations or who are members of athletic teams.
Human Papillomavirus (HPV)	- 3 dose HPV series. Dose #2 given 4-8 wks after dose #1, and dose #3 is given 6 mos after dose #1 (at least 10 wks after dose #2).	HPV vaccines are licensed for males and females 9 yrs through 26 yrs. Students 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 26 yrs.
Hepatitis A	- 2 dose hepatitis A series (0 and 6-12 months), or - 3 dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months)	Strongly recommended for: persons traveling to countries where hepatitis A is moderately or highly endemic, men who have sex with men, users of injectable and noninjectable drugs, persons with clotting-factor disorders, and persons with chronic liver disease
Pneumococcal Polysaccharide	- 1 dose for persons < 65 yrs if have chronic illness or other risk factor including but not limited to: diabetes, asthma, asplenia, sickle cell disease, cochlear implant recipient, HIV infection or other immunocompromising condition or - 1 dose for unvaccinated persons ≥ 65yrs	Revaccination with pneumococcal vaccine every 5 yrs after persons is 65 yrs, is NOT recommended.
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.	

New References:

1. CDC. General Recommendations or Immunizations: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011;80(RR-2):1-61

New Additional Resources:

- American College Health Association (ACHA). Recommendations for Institutional Prematriculation Immunizations (2011 update). http://www.acha.org/Publications/docs/ACHA_RIPI_Mar2011.pdf
- CDC. Recommended Immunization Schedules for Persons aged 0 – 18 yrs- United States, 2011. MMWR 2011;80 (5)
- CDC. Recommended Adult Immunization Schedule – United States, 2011. MMWR 2011;80(4).
- Pickering LK, Baker CJ, Kimberlin DW, Long SS, eds. *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009.
- Georgia Department of [Community Health](#), Division of Public Health, Immunization Program: <http://www.health.state.ga.us/programs/immunization>
- Centers for Disease Control and Prevention (CDC), Vaccines and Immunizations: <http://www.cdc.gov/vaccines/>
- CDC Vaccines for Teenagers and College students: <http://www.cdc.gov/vaccines/recs/schedules/teen-schedule.htm>
- Immunization Action Coalition: <http://www.immunize.org/>