

**GEORGIA PERIMETER COLLEGE
REQUIRED IMMUNIZATIONS**

**Certificate of
IMMUNIZATION
FORM**

STUDENT INFORMATION *(this information is required and must be fully completed)*

Student ID (900 NUMBER) ▼ 9 0 0		Date of Birth (Month / Day / Year) -		Age	Nation of Birth
Last Name		First		Middle/Maiden	
Address					
City	State	ZIP/Postal Code	Application Term (Check One) <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer		Year 20
Student Signature ▼				Phone	

REQUIRED IMMUNIZATIONS *(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 (Chicken Pox)				(or history of Varicella)	
Tetanus-Diphtheria- Pertussis (Whooping Cough) ⁴	Tdap	Td Booster ⁴			
Hepatitis B ²				Type Series: <input type="radio"/> 2 Dose Series <input type="radio"/> 3 Dose Series	

1--Not required if born before 1957 3--Required for all U.S. born students born in 1980 or later. Required for all foreign born students regardless of year born.
2--Only required of students who are 18 years of age or younger at time of expected matriculation. 4--One Td booster dose if it has been 10 years after receiving Tdap

PERMANENT OR TEMPORARY EXEMPTION

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

This student is temporarily exempt from the above immunizations until DATE (MM/DD/YYYY) ▼

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

Name of Healthcare Provider ▼		Signature		Date of Issue
Street Address			Stamp (if available) ▼	
City	State	Zip Code/Postal Code	Phone	

EXEMPTIONS

Check the appropriate box, sign, and date if you are claiming exemption of the immunization requirement for one of the following reasons:

<input type="radio"/> I affirm that immunizations 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	Date
<input type="radio"/> I declare that I will be enrolling in <u>ONLY</u> 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.	Signature	Date
<input type="radio"/> Military exemption—students who were active duty military within the past 2 years, must show PROOF of active military service.		

GEORGIA PERIMETER COLLEGE RECOMMENDED IMMUNIZATIONS

STUDENT INFORMATION <small>(this information is required and must be fully completed)</small>					
Student ID (900 NUMBER) ▼ 9 0 0	Date of Birth (Month / Day / Year) -	Age	Nation of Birth		
Last Name		First	Middle/Maiden		
Address					
City	State	ZIP/Postal Code	Application Term (Check One) <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer	Year 20	
Student Signature ▼			Phone		

RECOMMENDED IMMUNIZATIONS <small>(See the immunization recommendations for USG students documentation)</small>					
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					
Influenza ⁶					
Pneumococcal					

5---Strongly recommended for all unvaccinated women through 26 years 6---Strongly recommended but not required

CERTIFICATION OF HEALTH CARE PROVIDER <small>(This information is required)</small>					
Name of Healthcare Provider ▼			Signature		Date of Issue
Street Address				Stamp (if available) ▼	
City	State	Zip Code/Postal Code	Phone		

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.

If you have questions or would like further information on obtaining immunizations and/or lab work at the GPC Student Health Center, please email immunizations@gpc.edu and allow 2 business days for a reply. Please provide your name and GPC 900 number.

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 does of live measles containing vaccine (combined measles, mumps, rubella or "MMR" meet this requirement) with first dose at 12 months of age or later and second dose at least 28 days after the first dose OR <ul style="list-style-type: none"> Laboratory/serologic evidence of immunity 	Students born in 1957 or later	<ol style="list-style-type: none"> Guidelines exist for vaccination of persons with altered immunocompetence. For students born before 1957, proof of immunity may be required if enrolled in health care curriculum
Mumps	<ul style="list-style-type: none"> 2 does of live measles containing vaccine (combined measles, mumps, rubella or "MMR" meet this requirement) with first dose at 12 months of age or later and second dose at least 28 days after the first dose OR <ul style="list-style-type: none"> Laboratory/serologic evidence of immunity 	Students born in 1957 or later	<ol style="list-style-type: none"> Guidelines exist for vaccination of persons with altered immunocompetence, For students born before 1957, proof of immunity may be required if enrolled in health care curriculum
Rubella (German Measles)	<ul style="list-style-type: none"> 2 does of live measles containing vaccine (combined measles, mumps, rubella or "MMR" meet this requirement) with first dose at 12 months of age or later and second dose at least 28 days after the first dose OR <ul style="list-style-type: none"> Laboratory/serologic evidence of immunity 	Students born in 1957 or later	<ol style="list-style-type: none"> Guidelines exist for vaccination of persons with altered immunocompetence. For students born before 1957, proof of immunity may be required if enrolled in health care curriculum
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 <ul style="list-style-type: none"> 2 doses at least 4 weeks apart if first dose given after the student's 13th birthday OR <ul style="list-style-type: none"> Reliable history of varicella disease ("chicken pox") OR <ul style="list-style-type: none"> Laboratory/serologic evidence of immunity OR <ul style="list-style-type: none"> History of herpes zoster (Shingles) 	All U.S. born students born during or after 1980 All foreign born students regardless of year born	<ol style="list-style-type: none"> Guidelines exist for vaccination of persons with altered immunocompetence. For students born before 1980, proof of immunity may be required if enrolled in health care curriculum
Tetanus, Diphtheria, Pertussis (Whooping Cough)	<ul style="list-style-type: none"> One dose of Tdap for a person if they have not previously received Tdap OR <ul style="list-style-type: none"> One Td booster dose if it has been 10 years after receiving Tdap 	All students	<ol style="list-style-type: none"> Tdap can be administered regardless of interval last since the tetanus or diphtheria toxoid-containing vaccine 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. 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.
Hepatitis B	<ul style="list-style-type: none"> 3 doses of hepatitis B series (0, 1-2, and 4-6 months) OR <ul style="list-style-type: none"> 3 dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months) OR <ul style="list-style-type: none"> 2 dose hepatitis B series of Recombivax (0 and 4-6 months, given at 11-15 years of age) OR <ul style="list-style-type: none"> Laboratory/serologic evidence of immunity or prior infection 	Required for all students who will be 18 years of age or less at matriculation. It is strongly recommended that all students, regardless of their age at matriculation, discuss hepatitis B immunization with their health care provider.	May be required (along with recommended post-vaccine serologic testing) for students in health sciences, regardless of age at matriculation.

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IMMUNIZATION RECOMMENDED FOR SOME OR ALL STUDENTS		
Vaccine	Recommendation	Notes
Meningococcal	<ul style="list-style-type: none"> 1 dose of meningococcal conjugate vaccine (MCV4) for unvaccinated persons 21 years or younger OR <ul style="list-style-type: none"> 1 booster dose of meningococcal conjugate vaccine (MCV4) for persons 21 years or younger if received initial MCV4 dose when younger than age 16 years. If initial dose given at age 16 or over, no booster dose required. 	
Influenza	Annual vaccination at the start of the 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 weeks after dose #1, and dose #3 given 6 months after dose #1 (at least 10 weeks after dose #2)	<p>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.</p> <p>Strongly recommended for all unvaccinated women through age 26 yrs.</p>
Hepatitis A	OR <ul style="list-style-type: none"> 2 doses of hepatitis A series (0 and 6-12 months) 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 non-injectable drugs, persons with clotting-factor disorders, and persons with chronic liver disease
Pneumococcal Polysaccharide	<ul style="list-style-type: none"> 1 dose for persons < 65 years if they 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 <ul style="list-style-type: none"> 1 dose for unvaccinated persons > 64 years 	Revaccination with pneumococcal vaccine every 5 yrs after persons is 65 yrs, is NOT recommended.

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