University Health Center
Student Affairs
UNIVERSITY OF GEORGIA

The University Health Center
The University of Georgia
Athens, GA 30602-1755
706-542-8617 Health Information
706-542-4959 Fax

Name: _____

UGA ID#: 81_____

Date of Birth: ____/ ____/ _____

Phone: _____

CERTIFICATE OF IMMUNIZATION (REQUIRED 30 DAYS PRIOR TO REGISTRATION)

REQUIRED IMMUNIZATIONS	REQUIREMENT (MM/DD/YYYY)	REQUIRED FOR:
MMR (Measles, Mumps, Rubella) **OR** **Measles (Rubeola)** **AND** **Mumps** **AND** **Rubella (German Measles)**	#1 __ __ / __ __ / __ __ __ __ #2 __ __ / __ __ / __ __ __ __ #1 _ _ / _ _ / _ _ _ _ # 2 _ _ / _ _ / _ _ _ _ **OR** Attached antibody titer (blood test) lab report **AND** #1 _ _ / _ _ / _ _ _ _ #2 _ _ / _ _ / _ _ _ _ **OR** Attached antibody titer (blood test) lab report **AND** #1 _ _ / _ _ / _ _ _ _ **OR** Attached antibody titer (blood test) lab report	• All foreign born students regardless of year born • US/Canadian students born in 1957 or later • 1st due at 12 months of age or older • 2nd dose administered no earlier than 28 days after 1st dose • US/Canadian students born in 1957 or later • If antibody titer does not indicate immunity, injection series required. • 1st due at 12 months of age or older • 2nd dose administered no earlier than 28 days after 1st dose
Varicella (Chicken Pox)	#1 _ _ / _ _ / _ _ _ _ #2 _ _ / _ _ / _ _ _ _ **OR** Attached antibody titer (blood test) lab report **OR** Definitive diagnosis of varicella by healthcare provider. Provide statement from provider verifying previous infection.	• **SELF/PARENTAL REPORTED HISTORY OF DISEASE NOT ACCEPTED** • All foreign born students regardless of year born. • US/Canadian born students born during or after 1980. • 1st due at 12 months of age or older • 2nd dose administered no earlier than 28 days after 1st dose • If antibody titer does not indicate immunity, injection series required.
Tetanus, Diphtheria, Pertussis (Tdap)	Tdap _ _ / _ _ / _ _ _ _ **(REQUIRED)** Td Booster _ _ / _ _ / _ _ _ _	• One dose of Tdap for all students. • Td Booster if Tdap ≥ 10 years prior.
Hepatitis B OR Hep A-Hep B (Twinrix)	#1 _ _ / _ _ / _ _ _ _ #2 _ _ / _ _ / _ _ _ _ #3 _ _ / _ _ / _ _ _ _ **OR** Attached antibody titer (blood test) lab report	• All Students who will be 18 or younger on the first day of class. • If antibody titer does not indicate immunity, injection series required. • You must submit the antibody titer report on lab letterhead from a certified lab with definitive lab values in English.
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 UGA students living in Campus Housing, or Sorority or Fraternity Houses. • **NOTE**: A student may sign a statement of understanding in lieu of providing proof of immunization. • **Review meningitis disease information at:** www.uhs.uga.edu/healthtopics/meningitis
Tuberculosis (TB)	All students **MUST** complete the **Tuberculosis Screening Questionnaire** found on www.uhs.uga.edu/info/forms	• If the answer to any of the TB screening questions is YES, then must complete the TB Clinical Risk Assessment Part II of Form, including TST or IGRA by physician.

Recommended Vaccines:

Hepatitis A 2 Doses #1_____/_____/_____ #2_____/_____/_____

Gardasil 3 Doses #1_____/_____/_____ #2_____/_____/_____ #3_____/_____/_____

Meningitis B Vaccine #1_____/_____/_____ #2_____/_____/_____ #3 _____/_____/_____

(Consider if under age of 23)

☐ Request for Religious Exemption: I affirm that the immunizations required by the University System of Georgia, are in conflict with my religious beliefs I understand I am subject to exclusion in the event of an outbreak of disease which immunization is required. **(Attach Notarized Affidavit)**

☐ Request for Permanent Medical Contraindication **(Attach Verification by HealthCare Provider)**

REQUIRED SIGNATURE OF PHYSICIAN OR HEALTH FACILITY:

Name _____ Address _____ Phone Number _____

Signature _____ Date _____

Revised: 6/17