

## NORTH GEORGIA COLLEGE & STATE UNIVERSITY CERTIFICATE OF IMMUNIZATION

Please make a copy of this completed form for your records then mail this form to Student Health Services (Infirmary), North Georgia College and State University, Dahlonega, GA 30597 or fax it to 706-864-1448. This form must be fully completed and returned prior to orientation or registration. Because some vaccinations may require up to six months to complete, we highly encourage you to have this form completed as soon as possible.

### STUDENT INFORMATION

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Social Security Number or Student ID \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Age at time you begin classes at NGCSU \_\_\_\_\_ Term of Application (please circle) Fall Spring Summer of 2 \_\_\_\_\_

### IMMUNIZATION INFORMATION

VACCINE	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE	OR	DATE GIVEN MM/DD/YYYY	DATE GIVEN MM/DD/YYYY	DATE GIVEN MM/DD/YYYY
MMR <sup>1</sup>		OR	/ /	/ /	
Measles <sup>1</sup>	/ /	OR	/ /	/ /	
Mumps <sup>1</sup>	/ /	OR	/ /	/ /	
Rubella <sup>1</sup>	/ /	OR	/ /	/ /	
Varicella (chicken pox) <sup>2</sup>	(or history of Varicella) / /	OR	/ /	/ /	
Last Tetanus-Diphtheria (DTP, DTaP, Tdap, or Td) <b>Within 10 years</b>		OR	(In past 10 yrs) / /		
Hepatitis B <sup>3</sup> Type Series: ___2 Dose Series ___3 Dose Series	/ /	OR	/ /	/ /	/ /

<sup>1</sup>—Not required if born before 1957

<sup>2</sup>—Not required if born in the U.S. before 1980

<sup>3</sup>—Only required of students who are 18 years of age or younger when beginning classes

Next dose of Hepatitis B is due \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### 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 (REQUIRED)

\_\_\_\_\_  
Name and address of health care provider

\_\_\_\_\_  
Signature of physician or health care provider

\_\_\_\_\_  
Date

### 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 disease for which immunization is required.

\_\_\_\_ 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Immunization Requirements and Recommendations for University System of Georgia Students

<b>Proof of Immunization or Naturally-Acquired Immunity Required for Some or All Students</b>			
<b>Vaccine</b>	<b>Requirement</b>	<b>Required for:</b>	<b>Notes</b>
<b>Measles (Rubeola)</b>	<ul style="list-style-type: none"> <li>- 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> <li style="text-align: center;"><b>or</b></li> <li>- Laboratory/serologic evidence of immunity</li> </ul>	Students born in 1957 or later	<ol style="list-style-type: none"> <li>1) Guidelines exist for vaccination of persons with altered immunocompetence<sup>2,4</sup>.</li> <li>2) For students born before 1957, proof of immunity may be required if enrolled in health care curriculum.</li> </ol>
<b>Mumps</b>	<ul style="list-style-type: none"> <li>- 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> <li style="text-align: center;"><b>or</b></li> <li>- Laboratory/serologic evidence of immunity</li> </ul>	Students born in 1957 or later	<ol style="list-style-type: none"> <li>1) Guidelines exist for vaccination of persons with altered immunocompetence<sup>2,4</sup>.</li> <li>2) For students born before 1957, proof of immunity may be required if enrolled in health care curriculum.</li> </ol>
<b>Rubella (German Measles)</b>	<ul style="list-style-type: none"> <li>- 1 dose at 12 months of age or later (MMR meets this requirement),</li> <li style="text-align: center;"><b>or</b></li> <li>- Laboratory/serologic evidence of immunity</li> </ul>	Students born in 1957 or later	<ol style="list-style-type: none"> <li>1) Guidelines exist for vaccination of persons with altered immunocompetence<sup>2,4</sup>.</li> <li>2) For students born before 1957, proof of immunity may be required if enrolled in health care curriculum.</li> </ol>

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

Vaccine	Requirement	Required for:	Notes
<b>Varicella (Chicken Pox)</b>	<ul style="list-style-type: none"> <li>- 2 doses spaced at least 3 months apart if both doses are given before the student's 13<sup>th</sup> birthday,</li> <li><b>or</b></li> <li>- 2 doses at least 4 weeks apart, If first dose given after the student's 13<sup>th</sup> birthday:</li> <li><b>or</b></li> <li>- Reliable history of varicella disease ("chicken pox"),</li> <li><b>or</b></li> <li>- Laboratory/serologic evidence of immunity</li> <li><b>or</b></li> <li>- History of herpes zoster (shingles)</li> </ul>	<p>All <u>U.S born</u> students born during or after 1980</p> <p>All foreign born students regardless of year born</p>	<ul style="list-style-type: none"> <li>1) Guidelines exist for vaccination of persons with altered immunocompetence<sup>2,4</sup>.</li> <li>2) For students born before 1966, proof of immunity may be required if enrolled in health care curriculum.</li> </ul>
<b>Tetanus, Diphtheria</b>	<ul style="list-style-type: none"> <li>- One tetanus/diphtheria containing <b>booster</b> dose within 10 years prior to matriculation. Combined tetanus, diphtheria, and acellular pertussis (whooping cough) booster (Tdap) is preferred but Td is acceptable (<i>Students who are unable to document a primary series of 3 doses of tetanus/diphtheria-containing vaccine (DTaP, DTP, or Td) are <b>strongly advised</b> to complete a 3-dose primary series.</i>)</li> </ul>	All students	<ul style="list-style-type: none"> <li>1) Tetanus/diphtheria containing boosters are recommended every 10 years throughout adulthood. Adults should receive a single dose of Tdap to replace a single dose of Td. Tdap should also be given to adults who will have close contact with an infant less than 12 months of age, ideally at least one month before beginning close contact with infants.</li> </ul>

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"> <li>- 3 dose hepatitis B series (0, 1-2, and 4-6 months),</li> <li><b>or</b></li> <li>- 3 dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months),</li> <li><b>or</b></li> <li>- 2 dose hepatitis B series of Recombivax™ (0 and 4-6 months, given at 11-15 years of age),</li> <li><b>or</b></li> <li>- Laboratory / serologic evidence of immunity or prior infection</li> </ul>	<p><b>Required</b> for all students who will be 18 years of age or less at matriculation.</p> <p>It is <b>strongly recommended</b> that all students, regardless of their age at matriculation, discuss hepatitis B immunization with their health care provider.</p>	May be required (along with recommended post-vaccine serologic testing) for students in the health sciences, regardless of age at matriculation.

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"> <li>- 1 dose meningococcal conjugate vaccine (<b>preferred</b>)</li> <li><b>-+or</b></li> <li>- 1 dose of meningococcal polysaccharide within 5 years prior to matriculation,</li> <li><b>or</b></li> <li>Signed documentation that student (or parent or guardian if student &lt;18 years old) has received and reviewed information about the disease as required by O.C.G.A. § 31-12-3.2</li> </ul>	Newly admitted freshmen or matriculated students <u>planning to reside in university managed campus housing</u>	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.

Immunization Recommended for All Students		
Vaccine	Recommended Schedule	Notes
<b>Influenza</b>	<ul style="list-style-type: none"> <li>- Annual vaccination at the start of influenza season (October – March)</li> </ul>	<b>Strongly recommended</b> 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.

Immunization Recommended for Some Students		
Vaccine	Recommended Schedule	Notes:
<b>Human Papillomavirus</b>	<ul style="list-style-type: none"> <li>- 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).</li> </ul>	<b>Strongly recommended</b> for all unvaccinated women through age 26 yrs.
<b>Hepatitis A</b>	<ul style="list-style-type: none"> <li>- 2 dose hepatitis A series (0 and 6-12 months),</li> <li><b>or</b></li> <li>- 3 dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months)</li> </ul>	<b>Strongly recommended</b> 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
<b>Pneumococcal Polysaccharide</b>	<ul style="list-style-type: none"> <li>- 1 dose for persons &lt; 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</li> <li><b>or</b></li> <li>- 1 dose for unvaccinated persons <math>\geq</math> 65yrs</li> </ul>	Revaccination with pneumococcal vaccine every 5 yrs after persons is 65 yrs, is <b>NOT</b> recommended <sup>5</sup>
<b>Other Vaccines</b>	<ul style="list-style-type: none"> <li>- 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.</li> </ul>	

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### References:

1. American College Health Association (ACHA). Recommendations for Institutional Prematriculation Immunizations. July 2008. [http://www.acha.org/info\\_resources/RIPStatement.pdf](http://www.acha.org/info_resources/RIPStatement.pdf)
2. CDC. General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2006;55(RR-15):1-46.
3. CDC. Immunization of Adolescents: Recommendations of the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American Medical Association (AMA). MMWR 1996;45(RR-13):1-17.
4. CDC. Recommendations of the Advisory Committee on Immunization Practices (ACIP): use of vaccines and immune globulins in persons with altered immunocompetence. MMWR 1993;42(RR-4)1-18.
5. CDC. Recommended Adult Immunization Schedule – United States, October 2007 – September 2008. MMWR 2007;56(41):Q1-Q4.
6. Pickering LK, ed. Red Book: 2006 Report of the Committee on Infectious Diseases. 27<sup>th</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics; 2006.

### Related Links:

Georgia Department of Human Resources, 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/>

American College Health Association: [http://www.acha.org/info\\_resources/guidelines.cfm](http://www.acha.org/info_resources/guidelines.cfm)