



## REQUIRED CERTIFICATE OF IMMUNIZATION

### STUDENT INFORMATION

Student ID: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Term of Application: 20 \_\_\_\_\_ Age at time of application: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### REQUIRED IMMUNIZATION INFORMATION

VACCINE	DATE MONTH/DAY/YYYY	DATE MONTH/DAY/YYYY	DATE MONTH/DAY/YYYY	HISTORY	DATE OF POSITIVE LAB/SEROLOGI C EVIDENCE
MMR	/ /	/ /			
Measles 1	/ /	/ /			/ /
Mumps 1	/ /	/ /			/ /
Rubella 1	/ /	/ /			/ /
Varicella 3	/ /	/ /		(or history of Varicella) / /	
Tetanus-Diphtheria Pertussis (Whooping cough) 4					
Hepatitis B 2	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose <input type="checkbox"/> 3 Dose	/ /

- 1) Not required if born before 1957 2) Only required of students who are 18 year of age or younger at time of expected matriculation  
3) Required for all US born students 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 grounds of permanent medical contraindication  
 This student is temporarily exempt from the above immunization until \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### CERTIFICATION OF HEALTHCARE PROVIDER (This information is required)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Issue: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Telephone: \_\_\_\_\_

### EXEMPTIONS

Please check the appropriate box, sign, and date if you are claiming exemption of 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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- 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 until I provide proof of immunization.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



**RECOMMENDED  
CERTIFICATE OF IMMUNIZATION  
(RETURN THIS TO THE INSTITUTION)**

**STUDENT INFORMATION**

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

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Term of Application (please circle) Fall /Spring / Summer of 20\_\_\_\_\_

**RECOMMENDED IMMUNIZATION INFORMATION**

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 <input type="checkbox"/> 3 Dose	/ /
Meningococcal ACWY 7, 8 (MCV4)	/ /	/ / MCV4 Booster 8			
Meningococcal B9	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose <input type="checkbox"/> 3 Dose	
Annual Influenza 6	/ /	/ /			

5 Strongly recommend for all unvaccinated women through age 26 years

6 Strongly recommended but not required

7 Strongly recommended if younger than 21 years and unvaccinated

8 MCV4 Booster only necessary if younger than 21 years & initial MCV4 dose was received before age 16 years

**CERTIFICATION OF HEALTHCARE PROVIDER (This information is required)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

As part of the University System of Georgia, UNG requires immunizations of all students. Students may also choose to use their own healthcare provider's form. Because some vaccinations may require up to 6 months to complete, students are highly encouraged to have this form completed as soon as possible. Once complete, return the form to the appropriate office listed below prior to orientation or enrollment.

CAMPUS	SEND COMPLETED FORM TO	FOR INFORMATION
Cumming, Gainesville or Oconee	Student Health Services (GVL)	Phone: 678-696-2676 Fax: 678-696-2686 Email: immunizations@ung.edu
Blue Ridge or Dahlonega	Student Health Services (DAH)	Phone: 706-864-1948 Fax: 706-864-1448 Email: stuhealth@ung.edu
UNG ONLINE	Student Health Services (DAH)	Phone: 706-864-1948 Fax: 706-864-1448 Email: stuhealth@ung.edu

If you require this document in another format, please contact Sue White [Sue.white@ung.edu](mailto:Sue.white@ung.edu) or 706-864-1948