University of North Georgia

Certificate of Immunization

STUDENT INFORMATION

Name: (Last)_____(First)_____(Middle)_____

Social Security Number/Student ID: _____Date of Birth: ____/____/____

Age at time you will begin classes at North Georgia: _____Term of Application (please circle): Fall/Spring/Summer of 20___

REQUIRED IMMUNIZATION INFORMATION

VACCINE	DATE Month/Day/Year	DATE Month/Day/Year	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
Measles, Mumps, and Rubella	/ /	/ /	/ /	/ /
Measles 1	/ /	/ /	/ /	/ /
Mumps 1	/ /	/ /	/ /	/ /
Rubella 1	/ /	/ /	/ /	/ /
Varicella 3	/ /	/ /	/ /	/ /

REQUIRED IMMUNIZATION INFORMATION

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
Tetanus-Diphtheria Pertussis (Whooping Cough) 4	/ /				
Hepatitis B 2	/ /	/ /	/ /	Type Series: ☐ 2 Dose Series ☐ 3 Dose Series	/ /

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 ≥ 10 years since Tdap dose.

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 except from the above immunization until ____/____/_____.

CERTIFICATION OF HEALTH CARE 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 six months to complete, students are highly encouraged to have this form completed as soon as possible. Once completed, return the form to the appropriate office listed below prior to orientation or enrollment.

Campus	Send completed form to:	For information:
Cumming, Gainesville, and Oconee	Student Health Services	Phone: 678-696-2676 Fax: 678-696-2686 Email: immunizations@ung.edu
Blue Ridge and Dahlonega	Student Health Services	Phone: 706-864-1948 Fax: 706-864-1448 Email: immunizations@ung.edu

If you need this document in another format, please contact Sue White, Sue.White@ung.edu or 706-864-1948.

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 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 from class until I provide proof of immunization.

Student Signature: _____ Date: _____/_____/_____

STUDENT INFORMATION

Name: (Last)_____(First)_____(Middle)_____

Student ID:_____ Date of Birth:_____/_____/_____

Age at time you will begin classes at North Georgia: ____ Term of Application (please circle): Fall/Spring/Summer of 2 _____

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: ☐ 2 Dose Series ☐ 3 Dose Series	/ /
Meningococcal 7, 8	/ /	**MCV4 Booster 8** / /			
Influenza 6	/ /	/ /			

5 – Strongly recommended for all unvaccinated women through age 26 years. 6
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 HEALTH CARE PROVIDER (This *information is required*)

Name: _____ Signature:_____

Address: _____

Date of Issue:_____/_____/_____ Telephone:_____

Student Signature: _____ **Date:** _____/_____/_____

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