



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/SEROLOGIC 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 ≥ 10 years since Tdap dose



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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. For medical or religious exemption forms go *Downloadable Forms* in the Patient Portal.

Once complete, upload to the Student Health Center Patient Portal at <https://ungportal.pointnclick.com/> prior to orientation or enrollment.

**FOR MORE INFORMATION, OR IF YOU REQUIRE THIS DOCUMENT IN ANOTHER FORMAT,
PLEASE CONTACT STUDENT HEALTH SERVICES**

stuhealth@ung.edu
Phone: 706-864-1948 Fax: 706-864-1448