UNG UNIVERSITY of NORTH GEORGIA
DEPARTMENT OF PHYSICAL THERAPY

University of North Georgia
Certificate of Immunization for
Doctorate of Physical Therapy Applicants

STUDENT INFORMATION:

Name (Last)________________________________(First)____________________________(MI) ________________

Date of Birth____-____-________ Term of Application ____

IMMUNIZATION INFORMATION (DATES ARE REQUIRED)

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY		DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
MMR [1] or	/ /	/ /			
Measles	/ /	/ /			/ /
Mumps	/ /	/ /			/ /
Rubella	/ /	/ /			/ /
Varicella [2](chicken pox)	/ /	/ /			(or history of) / /
Tetanus-Diptheria (DTP, DTaP, Tdap, or Td) **Within 10 years**	Most recent date / /				
Hepatitis B Series/Titer ___2 Dose Series ___3 Dose Series	/ /	/ /	/ /	Date of Titer / /	**Titer Result:** Positive Negative
PPD (Mantoux Skin Test Required!)[3]	/ /				
Strongly Recommended **Meningococcal Vaccine**[4]	/ /				
COVID Vaccine *(optional)* _____ Moderna _____ Pfizer	/ /	/ /			

1. Not required if born before 1957.
2. Not required if born in the US before 1980.
3. PPD must be administered no more than 3 months prior to start of class. Repeat testing required annually. If you have a positive PPD, a chest x-ray and completion of the Positive PPD Questionnaire are required.
4. Meningococcal (strongly recommended) – l dose meningococcal conjugate vaccine (preferred) or 1 dose of meningococcal polysaccharide within 5 years prior to matriculation or signed document that student has received and reviewed information about the disease as required by O.C.G.A. §31-12-3.2.

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 of health care provider

____ ____ ______________
Address of health care provider Signature of physician or health care provider Date

University of North Georgia
Student Health Services
82 College Circle
Dahlonega, GA 30597
Fax: (706) 864-1948
Email: stuhealth@ung.edu

If you need this document in another format, please email pt@ung.edu or call (706) 864-1863.