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 [1]		OR	/ /	/ /	
Measles [1]	/ /	OR	/ /	/ /	
Mumps [1]	/ /	OR	/ /	/ /	
Rubella [1]	/ /	OR	/ /	/ /	
Varicella (chicken pox) [2]	(or history of Varicella) / /	OR	/ /	/ /	
Last Tetanus-Diptheria (DTP, DTaP, Tdap, or Td) **Within 10 years**		OR	(In past 10 yrs) / /		
Hepatitis B [3] Type Series: ___2 Dose Series ___3 Dose Series	/ /	OR	/ /	/ /	/ /

1—Not required if born before 1957 2—Not required if born in the U.S. before 1980
3—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 excempt from the above immunizations on the ground of permanent medical contraindication.

____ This student is temporarily exempt from the above immunization until _____/_____/_____.

CERTIFICATION OF HEALTH CAR 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 _____/_____/_____