

GEORGIA GWINNETT COLLEGE CERTIFICATE OF IMMUNIZATION

Return documentation to Georgia Gwinnett College, Admissions Office, 1000 University Center Lane, Lawrenceville, GA 30043, or fax to: 678-407-5747. Keep a copy of the completed form for your records.

Full Legal Name: _____ GGC ID #: _____
 Address: _____ Date of Birth: _____ Age: _____
 _____ Phone: _____
 City State Zip Area Code

CERTIFICATE OF IMMUNIZATION (REQUIRED)

REQUIRED IMMUNIZATIONS	REQUIREMENT	REQUIRED
MMR (Measles, Mumps, Rubella) combined shot	•2 Doses #1 ____/____/____ #2 ____/____/____	• Students born in 1957 or later
OR	OR	
•Measles (Rubeola)	•2 Doses #1 ____/____/____ #2 ____/____/____	• Students born in 1957 or later
and	and	
•Mumps	•2 Doses #1 ____/____/____ #2 ____/____/____	• Students born in 1957 or later
and	and	
•Rubella (German Measles)	•1 Dose #1 ____/____/____ •or Titer ____/____/____	• Students born in 1957 or later. • Attach titer results with lab values
Varicella (Chicken Pox)	•2 Doses #1 ____/____/____ •or History #2 ____/____/____ of chicken pox or shingles •or Titer ____/____/____	• All <u>U.S. born</u> students born in 1980 or later and all <u>foreign born</u> students regardless of year born • Attach titer results with lab values
Tetanus-Diphtheria-Pertussis (Whooping Cough) or Td booster	•Tdap ____/____/____ •Td Booster ____/____/____	• All students must have one dose of Tdap and a Td booster if Tdap ≥10 years prior
Hepatitis B	•3 Dose series #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	•All students 18 years of age and <u>under</u> at matriculation

OPTIONAL IMMUNIZATIONS

Hepatitis A	2 Doses #1 ____/____/____ #2 ____/____/____
Gardasil	3 Doses #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
Meningitis (A,C,Y,W135)*	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____
Meningitis B	2 or 3 Doses #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
Other vaccines:	____/____/____ ____/____/____ ____/____/____

REQUEST FOR EXEMPTION

Religious Exemption - In the event of an outbreak, exempted persons may be subject to exclusion from school and to quarantine, until proof of vaccination(s) is provided.

If religious exemption is required, please sign here - Student Signature: _____

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name: _____ Phone: _____
 Address: _____

Signature: _____ Date: _____

***Required for all students who plan to reside in campus housing**