

## 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
<b>MMR (Measles, Mumps, Rubella) combined shot</b>	•2 Doses #1 ____/____/____ #2 ____/____/____	• Students born in 1957 or later
<b>OR</b>	<b>OR</b>	
•Measles (Rubeola)	•2 Doses #1 ____/____/____ #2 ____/____/____	• Students born in 1957 or later
<b>and</b>	<b>and</b>	
•Mumps	•2 Doses #1 ____/____/____ #2 ____/____/____	• Students born in 1957 or later
<b>and</b>	<b>and</b>	
•Rubella (German Measles)	•1 Dose #1 ____/____/____ •or Titer ____/____/____	• <b>Students born in 1957 or later.</b> • Attach titer results with lab values
<b>Varicella (Chicken Pox)</b>	•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  • <b>Attach titer results with lab values</b>
<b>Tetanus-Diphtheria-Pertussis (Whooping Cough) or Td booster</b>	•Tdap ____/____/____ •Td Booster ____/____/____	• All students must have one dose of Tdap and a Td booster if Tdap ≥10 years prior
<b>Hepatitis B</b>	•3 Dose series #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	•All students 18 years of age and <u>under</u> at matriculation
<b>Tuberculosis screening</b>	•Must complete TB screening questionnaire	•All students. All students, with risk noted, must complete the TB Risk Assessment

#### OPTIONAL IMMUNIZATIONS

Hepatitis A	2 Doses #1 ____/____/____ #2 ____/____/____
Gardasil	3 Doses #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
<b>Meningitis (A,C,Y,W135)*</b>	#1 ____/____/____ #2 ____/____/____
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**