

GEORGIA GWINNETT COLLEGE CERTIFICATE OF IMMUNIZATION

See the back of this form for immunization requirements and acceptable documentation. 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.

STUDENT INFORMATION

Social Security Number/Student ID _____ - _____ - _____

Name _____
Last
First
Middle

Address _____

City _____ State _____ Zip _____

Term/Year of application _____ Age at time of application _____ Date of Birth ____/____/____

IMMUNIZATION INFORMATION (See the reverse of this form for specific immunization requirements)

| VACCINE | DATE MM/DD/YY | DATE MM/DD/YY | DATE MM/DD/YY | | DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE |
|---|---------------------------|---------------|---------------|--|---|
| MMR * | / / | / / | | | |
| Measles * | / / | / / | | | / / |
| Mumps * | / / | / / | | | / / |
| Rubella * | / / | / / | | | / / |
| Varicella ** | / / | / / | | | (or history of chicken pox) / / |
| Tetanus-Diphtheria (DTP, DtaP, or TD within 10 years) | (most recent date) / / | | | | |
| Hepatitis B *** | / / | / / | / / | Type series: <input type="checkbox"/> 2 dose series <input type="checkbox"/> 3 dose series | / / |

* Not required if born before 1957.

** Not required if born in the United States before 1980.

*** Only required of students who are 18 years of age or younger at time of expected matriculation.

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 immunizations until ____/____/____.

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name _____ Signature _____

Address _____

Date of Issue _____

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 a disease for which immunization is required.

Student Signature _____ Date _____

- 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 immunizations.

Student Signature _____ Date _____

GEORGIA GWINNETT COLLEGE

IMMUNIZATION REQUIREMENTS

According to the policies of the Board of Regents of the University System of Georgia, applicants who have not previously attended Georgia Gwinnett College must submit proof of all required immunizations certified by a health official.

The Board of Regents and the Division of Public Health of the Georgia Department of Human Resources developed the requirements and recommendations outlined in the tables below. The following immunizations are required of all new applicants to Georgia Gwinnett College.

Applicants **MUST SUBMIT ONE OF THE FOLLOWING** in order to document proof of required immunizations. **No other documentation will be accepted.**

Georgia Gwinnett College Certificate of Immunization
 Georgia County Health Department Immunization History Printout
 Georgia Registry of Immunization Transactions and Services (GRITS)
 Georgia Department of Human Resources Certificate of Immunization Printout (Form 3231)
 World Health Organization (WHO) Certificate of Immunization

PROOF OF IMMUNIZATION OR NATURALLY-ACQUIRED IMMUNITY - REQUIRED

| Vaccine | Requirement | Required for: |
|--------------------------|---|---|
| Measles (Rubeola) | Two (2) doses of live measles containing vaccine (combined measles-mumps-rubella or "MMR" meets this requirement), with first dose at 12 months of age or later and second dose at least 28 days after the first dose or Laboratory/serologic evidence of immunity | Students born in 1957 or later |
| Mumps | Two (2) doses of live mumps containing vaccine (combined measles-mumps-rubella or "MMR" meets this requirement), with first dose at 12 months of age or later and second dose at least 28 days after the first dose or Laboratory/serologic evidence of immunity | Students born in 1957 or later |
| Rubella (German Measles) | One (1) dose at 12 months of age or later (MMR meets this requirement) or Laboratory/serologic evidence of immunity | Students born in 1957 or later |
| Varicella (Chicken Pox) | Two (2) doses spaced at least 3 months apart if both doses are given before the student's 13 th birthday, or two (2) doses at least 4 weeks apart. If first dose given after the student's 13 th birthday: or Reliable history of varicella disease ("chicken pox"), or Laboratory/serologic evidence of immunity or History of herpes zoster (shingles) | All <u>U.S born</u> students born in 1980 or later All foreign born students regardless of year born |
| Tetanus, Diphtheria | One tetanus/diphtheria containing booster dose within 10 years prior to matriculation. Combined tetanus, diphtheria, and acellular pertussis (whooping cough) booster (Tdap) is preferred but Td is acceptable (<i>Students who are unable to document a primary series of 3 doses of tetanus/diphtheria-containing vaccine (DTaP, DTP, or Td) are strongly advised to complete a 3-dose primary series.</i>) | All students |
| Hepatitis B | Three (3) dose hepatitis B series (0, 1-2, and 4-6 months) or Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months) or Two (2) dose hepatitis B series of Recombivax™ (0 and 4-6 months, given at 11-15 years of age) or Laboratory/serologic evidence of immunity or prior infection | Required for all students who will be 18 years of age or less at time of expected matriculation. <i>Recommendation: It is strongly recommended that all students, regardless of their age at matriculation, discuss hepatitis B immunization with their health care provider.</i> |

ADDITIONAL IMMUNIZATION RECOMMENDATIONS - NOT REQUIRED

| Vaccine | Recommendation |
|-----------------------------|---|
| <i>Meningococcal</i> | One (1) dose meningococcal conjugate vaccine (preferred) or one (1) dose of meningococcal polysaccharide within 5 years prior to matriculation, or Signed documentation that student (or parent or guardian if student <18 years old) has received and reviewed information about the disease as required by O.C.G.A. § 31-12-3.2 |
| <i>Influenza</i> | <i>Annual vaccination at the start of influenza season (October-March)</i> |
| <i>Hepatitis A</i> | <i>Two (2) dose hepatitis A series (0 and 6-12 months), or Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months)</i> |
| <i>Human Papillomavirus</i> | <i>Three (3) dose HPV series. Dose #2 given 4-8 wks after dose #1, and dose #3 is given 6 mos after dose #1 (at least 10 wks after dose #2). Strongly recommended for all unvaccinated women through age 26 yrs.</i> |
| Other Vaccines | Other vaccines may be recommended for students with underlying medical conditions and students planning international travel. Students meeting these criteria should consult with their physicians or health clinic regarding additional vaccine recommendations. |