



## MACON STATE COLLEGE CERTIFICATE OF IMMUNIZATION

**See the back of this form for immunization requirements and acceptable documentation.** Return documentation to Macon State College, Admissions, 100 College Station Drive, Macon, GA 31206-5145 or FAX to (478) 471-5343. 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 : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM/DD/YY

### 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	HISTORY	Date of Positive LAB/Serologic Evidence
MMR <sup>1</sup>	/ /	/ /			
Measles <sup>1</sup>	/ /	/ /			/ /
Mumps <sup>1</sup>	/ /	/ /			/ /
Rubella <sup>1</sup>	/ /	/ /			/ /
Varicella (Chicken Pox) <sup>2</sup>	/ /	/ /		(History of Varicella) / /	/ /
Tetanus-Diphtheria (Tdap, Td, DTP, DtaP, within 10 years)	(most recent date) / /				
Hepatitis B <sup>3</sup>	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 dose series <input type="checkbox"/> 3 dose series	/ /

<sup>1</sup> - Not required if born before 1957.

<sup>2</sup> - All Students born in 1980 or later; and all international students regardless of birthdate.

<sup>3</sup> - Only required of students who are 18 years of age or younger at time of expected matriculation/admission to Macon State College

### PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION

This student is exempt from the above immunizations on the ground of a permanent medical contraindication.

This student is temporarily exempt from the above immunizations on the grounds of a temporary medical contraindication 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: \_\_\_\_\_

## IMMUNIZATION REQUIREMENTS

According to the policies of the Board of Regents of the University System of Georgia, applicants who have not previously attended Macon State 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 Macon State College effective Spring Semester 2008.

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

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

### 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 <b>or</b> 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 or age or later and second dose at least 28 days after the first dose <b>or</b> 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) <b>or</b> Laboratory/serologic evidence of immunity	Students born in 1957 or later ( <i>Because rubella can occur in some persons born before 1957 and because congenital rubella syndrome can occur in the offspring of women infected with rubella during pregnancy, women born prior to 1957 who may become pregnant are <b>strongly encouraged</b> to ensure that they are immune to rubella</i> )
Varicella (Chicken Pox)	Two (2) doses spaced at least 3 months apart if both doses are given before the student's 13 <sup>th</sup> birthday, <b>or</b> Two (2) doses at least 4 weeks apart, if first dose given after the student's 13 <sup>th</sup> birthday <b>or</b> Reliable history of varicella disease (chicken pox) <b>or</b> Laboratory/serologic evidence of immunity <b>or</b> 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 TD <b>containing booster</b> 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 TD 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) <b>or</b> Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months) <b>or</b> Two (2) dose hepatitis B series of Recombivax (0 and 4-6 months, given at 11-15 years of age) <b>or</b> Laboratory/serologic evidence of immunity or prior infection	<b>Required</b> for all students who will be 18 years of age or less at time of expected matriculation.  <i>Recommendation: It is <b>strongly recommended</b> 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
Meningococcal	One (1) dose meningococcal conjugate vaccine (preferred) or 1 dose of meningococcal polysaccharide within 5 year prior to matriculation.
Influenza	Annual vaccination at the start of influenza season (October - March)
Human Papillomavirus	3 dose HPV series. Dose #2 given 4-8 wks after dose #1, and does #3 given 6 mos after dose #1 (at least 10 wks after dose #2)
Hepatitis A	Two (2) dose hepatitis A series (0 and 6-12 months), <b>or</b> Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months)
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.