



**REQUIRED
CERTIFICATE OF IMMUNIZATION**
(Return this to the institution)

Return documentation to the college or university that you are applying to. Retain a copy of the completed form for your records.

STUDENT INFORMATION

Student ID: _____ - _____ - _____
Name: (Last) _____ (First) _____ (Middle) _____
Address: _____
City: _____ State: _____ Country: _____ Zip Code: _____
Term/Year of Application: _____ Age at time of application: _____ Date of Birth: ____/____/____

REQUIRED IMMUNIZATION INFORMATION (See the Immunization Requirements & Recommendations for USG Students documentation)

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	Special Recommendation	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE	
MMR ¹	/ /	/ /				
Measles ¹	/ /	/ /				/ /
Mumps ¹	/ /	/ /				/ /
Rubella ¹	/ /	/ /				/ /
Varicella ³	/ /	/ /				(or history of Varicella) / /
Tetanus-Diphtheria Pertussis (Whooping Cough) ⁴	/ / Tdap	/ / Td Booster ⁴				
Hepatitis B ²	/ /	/ /				/ /

1—Not required if born before 1957. 2—Only required of students who are 18 years of age or younger at time of expected matriculation.
3—Required for all US born students born in 1980 or later; all foreign born students regardless of year born. 4 – Td booster only necessary if ≥ 10 years since Tdap dose.

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 immunization until ____/____/____.

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name: _____ Signature: _____
Address: _____
Date of Issue: ____/____/____ Telephone: _____

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 immunization.

Student Signature: _____ Date: ____/____/____



**RECOMMENDED
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STUDENT INFORMATION

Student ID: _____ - _____ - _____

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

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

RECOMMENDED IMMUNIZATION INFORMATION (See the Immunization Requirements & Recommendations for USG Students documentation)

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	Special Recommendation	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
Human Papillomavirus ⁵	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	
Hepatitis A ⁶	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	/ /
Meningococcal ACWY ^{7,8} (MCV4)	/ /	/ / MCV4 Booster ⁸			
Meningococcal B ⁹	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	
Annual Influenza ⁶	/ /	/ /			

5 – Strongly recommended for all unvaccinated males and females through age 26 years.

6 - Strongly recommended but not required.

7 – Strongly recommended if residing in campus housing, sorority housing, or fraternity housing.

8 – MCV4 Booster necessary if initial MCV4 dose was received more than 5 years prior to admittance.

9 - Consider if younger than 23 yrs of age.

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name: _____ Signature: _____

Address: _____

Date of Issue: ____/____/____ Telephone: _____

Student Signature: _____ Date: ____/____/____



Immunization Requirements and Recommendations for University System of Georgia Students

Proof of Immunization or Naturally-Acquired Immunity Required for Some or All Students			
Vaccine	Requirement	Required for:	Notes
Measles (Rubeola)	<ul style="list-style-type: none"> - 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, <li style="text-align: center;">or - Laboratory/serologic evidence of immunity 	Students born in 1957 or later	<ol style="list-style-type: none"> 1) Guidelines exist for vaccination of persons with altered immunocompetence¹. 2) For students born before 1957, proof of immunity may be required if enrolled in health care curriculum.
Mumps	<ul style="list-style-type: none"> - 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, <li style="text-align: center;">or - Laboratory/serologic evidence of immunity 	Students born in 1957 or later	<ol style="list-style-type: none"> 1) Guidelines exist for vaccination of persons with altered immunocompetence¹. 2) For students born before 1957, proof of immunity may be required if enrolled in health care curriculum.
Rubella (German Measles)	<ul style="list-style-type: none"> - 1 dose at 12 months of age or later (MMR meets this requirement), <li style="text-align: center;">or - Laboratory/serologic evidence of immunity 	Students born in 1957 or later	<ol style="list-style-type: none"> 1) Guidelines exist for vaccination of persons with altered immunocompetence¹. 2) For students born before 1957, proof of immunity may be required if enrolled in health care curriculum.

Proof of Immunization or Naturally-Acquired Immunity Required for Some or All Students

Vaccine	Requirement	Required for:	Notes
<p>Varicella (Chicken Pox)</p>	<ul style="list-style-type: none"> - 2 doses spaced at least 3 months apart if both doses are given before the student's 13th birthday, or - 2 doses at least 4 weeks apart, If first dose given after the student's 13th birthday: or - Reliable history of varicella disease ("chicken pox"), or - Laboratory/serologic evidence of immunity or - History of herpes zoster (shingles) 	<p>All U.S. born students born during or after 1980</p> <p>All foreign born students regardless of year born</p>	<ul style="list-style-type: none"> 1) Guidelines exist for vaccination of persons with altered immunocompetence¹. 2) For students born before 1980, proof of immunity may be required if enrolled in health care curriculum.
<p>Tetanus, Diphtheria Pertussis (Whooping Cough)</p>	<ul style="list-style-type: none"> - One dose of Tdap for persons if they have not previously received Tdap. or - One Td booster dose if it has been 10 years after receiving Tdap. 	<p>All students</p>	<ul style="list-style-type: none"> 1) Tdap can be administered regardless of interval since the last tetanus or diphtheria toxoid-containing vaccine. 2) Tetanus/diphtheria containing boosters are recommended every 10 years throughout adulthood. A single dose of Tdap is recommended to replace a single dose of Td.

Proof of Immunization or Naturally-Acquired Immunity Required for Some or All Students			
Vaccine	Requirement	Required for:	Notes
Hepatitis B	<ul style="list-style-type: none"> - 3 dose hepatitis B series (0, 1-2, and 4-6 month schedule), or - 3 dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 month schedule), or - 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 	<p>Required for all students who will be 18 years of age or less at matriculation.</p> <p>It is strongly recommended that all students, regardless of their age at matriculation, discuss hepatitis B immunization with their health care provider.</p>	May be required (along with recommended post-vaccine serologic testing) for students in the health sciences, regardless of age at matriculation.
Signed Documentation Stating that Student Has Received the Vaccine OR Reviewed Information Provided as Required by House Bill 504 Required for Some Students			
Vaccine	Requirement	Required for:	Notes
Meningococcal ACWY (MCV4)	<ul style="list-style-type: none"> - 1 dose meningococcal conjugate vaccine (MCV4) for unvaccinated persons and - 1 booster dose of meningococcal conjugate vaccine (MCV4) for persons who received initial dose of MCV4 more than five years prior to admittance. or Signed documentation that student (or parent or guardian if student <18 years old) has received and reviewed information about meningococcal disease as required by O.C.G.A. § 31-12-3.2 	Newly admitted freshmen or matriculated students <u>planning to reside in university managed campus housing or residing in sorority or fraternity houses.</u>	1) Effective July 1, 2015, HB 504 amended Code Section 31-12-3.2 of the Official Code of Georgia Annotated, relating to meningococcal disease vaccinations and disclosures "In accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, newly admitted students who are 18 years of age or older residing in campus housing as defined by the postsecondary educational institution or residing in sorority or fraternity houses shall be required to sign a document provided by the postsecondary educational institution stating that he or she has received vaccination against meningococcal disease not more than five years prior to such admittance or reviewed the information provided as required by subsection (a) of this Code section. If a student is a minor, only a parent or guardian may sign such document."

Immunization Recommended for All Students		
Vaccine	Recommended Schedule	Notes
Meningococcal B (Men B)	<ul style="list-style-type: none"> - 2 dose Men B series of Bexsero™ (0, 1 month schedule), or - 2 dose Men B series of Trumenba™ (0, 6 month schedule), or - 3 dose Men B series of Trumenba™ (0, 1-2, and 6 month schedule) 	Consider for unvaccinated students aged 16–23 years
Influenza	<ul style="list-style-type: none"> - Annual vaccination at the start of influenza season (October – March) 	Strongly recommended for students with medical conditions such as diabetes, asthma, or immunodeficiencies, as well as for students residing in dormitories or other group living situations or who are members of athletic teams.
Human Papillomavirus (HPV)	<ul style="list-style-type: none"> - 2 dose HPV series (0, 6-12 month schedule) or - 3 dose HPV series (0, 1–2, 6 month schedule). 	Strongly recommended for all unvaccinated males and females through age 26 yrs.
Hepatitis A	<ul style="list-style-type: none"> - 2 dose hepatitis A series (0, 6-12 month schedule), or - 3 dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 month schedule) 	Strongly recommended for: persons traveling to countries where hepatitis A is moderately or highly endemic, men who have sex with men, users of injectable and non-injectable drugs, persons with clotting-factor disorders, and persons with chronic liver disease
Pneumococcal Polysaccharide	<ul style="list-style-type: none"> - 1 dose for persons < 65 yrs if have chronic illness or other risk factor including but not limited to: diabetes, asthma, asplenia, sickle cell disease, cochlear implant recipient, HIV infection or other immunocompromising condition or - 1 dose for unvaccinated persons ≥ 65yrs 	Revaccination with pneumococcal polysaccharide vaccine every 5 yrs after persons is 65 yrs, is NOT recommended ¹

Other Vaccines	<ul style="list-style-type: none"> - 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. 	
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References:

1. For guidance on specific conditions, refer to www.cdc.gov/vaccines/hcp/acip-recs/index.html.

Additional Resources:

CDC. Recommended Immunization Schedules for Teens and Preteens:
www.cdc.gov/vaccines/schedules/easy-to-read/preteen-teen.html

CDC. Recommended Adult Immunization Schedule:
www.cdc.gov/vaccines/schedules/easy-to-read/adult.html

Georgia Department of Public Health, Immunization Program:
<http://dph.georgia.gov/immunization-section>

Immunization Action Coalition:
www.immunize.org/

American College Health Association (ACHA).
www.acha.org/ACHA/Resources/Topics/Vaccine.aspx



J. Patrick O'Neal, M.D., Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
dph.ga.gov

August 21, 2017

Joyce Jones, Ph.D.
Vice Chancellor
Office of Student Affairs
The Board of Regents of the University System of Georgia
270 Washington Street SW
Atlanta, GA 30334

Dear Dr. Jones:

This letter is in response to questions regarding colleges and universities requiring students to have tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap) booster doses within 10 years prior to admission.

The Advisory Committee on Immunization Practices (ACIP) is a group of medical and public health experts which develops recommendations on the use of vaccines in the civilian population in the United States. In the Immunization section of the Georgia Department of Public Health we have adopted the ACIP recommendations as our guidelines.

For prevention of tetanus, diphtheria, and pertussis, ACIP recommends that adolescents and adults receive a one-time booster of Tdap vaccine followed by a tetanus and diphtheria toxoids (Td) booster every 10 years. Currently, if a student has received an age-appropriate Tdap vaccination that can be documented, an additional dose of Tdap vaccine is not recommended. For more information please refer to <https://www.cdc.gov/mmwr/pdf/wk/mm6037.pdf>.

Please let us know if any additional information is needed or if you have any other questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sheila Lovett'.

Sheila Lovett
Immunization Director
Georgia Department of Public Health