



EAST GEORGIA COLLEGE
 UNIVERSITY SYSTEM OF GEORGIA
 131 College Circle
 Swainsboro, Georgia 30401-2699

Office of Admissions
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Attending which campus? (select one): Swainsboro or Statesboro

ALL new students to East Georgia College (Freshman, Transfer, Transient) attending either the Swainsboro campus or the Statesboro Site must complete this form. The information herein is confidential and will be released only upon your written request. **The form must be signed and dated by a licensed physician or a qualified employee of a private medical practice or Health or County Health Department.** East Georgia College retains the right to deny any immunization record deemed questionable and may request further medical documentation. Accordingly, any changes, write-overs or "white-outs" will not be accepted. **Failure to complete this form and return it within the specified time frame may delay your enrollment at East Georgia College. The deadline to submit this form is at least 2 weeks prior to your PAWS Orientation date.** For tips and answers to frequently asked questions about immunizations please visit Georgia Southern University's Health Services web site: <http://services.georgiasouthern.edu/health>. The Certificate of Immunization form and additional information about Georgia Southern Health Services is also available on our web site under the Admissions homepage. Please mail the completed form to: East Georgia College, 131 College Circle, Swainsboro, GA 30401. **We strongly recommend that you keep a photocopy of this form for your personal records. This form must be submitted in ENGLISH only.**

Part I – To be completed by the student. PRINT LEGIBLY OR TYPE all information – use BLACK ink.

Student ID Number: _____ - _____ - _____

Name _____, _____
Last First Middle

Address _____
Street City State Zip Code

Home PH# (_____) _____ Age: _____ Date of Birth ____/____/____ Sex: Male Female Race _____
MM DD YR

Expected Term of Enrollment: (select one) Fall Spring Summer Year _____

Part II - TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER

REQUIRED IMMUNIZATIONS

A. Varicella - Either a history of chicken pox or shingles (Herpes Zoster), or a positive Varicella antibody, or two doses of vaccine spaced at least three months apart if both doses are given before age 13, or 2 doses at least four weeks apart, if first does given after the student's 13th birthday. Required of all US born students, born 1980 or later, and required of all foreign born students regardless of the year born.

____ History of Disease (Chicken Pox or Shingles) Yes____ (Year _____)

OR
 ____ Laboratory/serologic evidence of immunity – Varicella Titer (attach lab results – must show immunity),

OR
 ____ 2 doses spaced at least 3 months apart if both doses are given before the student's 13th birthday

List Dates of Varicella Vaccination Dose #1 _____ Dose #2 _____

OR
 ____ 2 doses. Dose 1 given after the student's 13th birthday. 2nd dose at one month after first dose.

List Dates of Varicella Vaccination Dose #1 _____ Dose #2 _____

B. Hepatitis B – Required of all students who are 18 years of age or younger. Three doses of vaccine or a positive Hepatitis B surface antibody. Dosing Regimen for Hepatitis B (or combination Hepatitis A & B) vaccine: First dose, at elected date; Second dose, 1 month later; Third dose, 6 months after the first dose.

List Dates of Hepatitis B Vaccinations: Dose #1 _____ Dose #2 _____ Dose #3 _____

OR
 ____ 3 doses **combined** Hepatitis A and Hepatitis B series,

List Dates of Hepatitis A/B Vaccinations Dose #1 _____ Dose #2 _____ Dose #3 _____

OR
 ____ Laboratory/serologic evidence of immunity or prior infection – Hep B Titer (attach lab results – must show immunity)

Name: _____ Student ID Number: _____

C. Measles, Mumps, Rubella. Required for students born in 1957 or later. Includes: 1 dose of rubella vaccine at 12 months of age or later (MMR meets this requirement); 2 doses of live measles containing vaccine and 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 (titers) of immunity for these three diseases.

1. M.M.R. (Measles, Mumps, Rubella – combined vaccine)

List Dates of Dose #1 _____ Dose #2 _____

OR

___ Laboratory/serologic evidence of immunity- Measles, Mumps, Rubella Titers (attach lab results – must show immunity)

OR

2. Measles, Mumps, Rubella (individual vaccinations)

Measles

List Dates of Measles Dose #1 _____ Dose #2 _____

List Dates of Mumps Dose #1 _____ Dose #2 _____

List Date of Rubella Dose #1 _____

OR

3. Exemption Only for Measles, Mumps, Rubella

___ I was born before 1957, and therefore am exempt from this requirement.

D. Tetanus-Diphtheria (Primary Series with DTaP, DTP or Td, with booster at age 11-64 years with Tdap) Required of all students. Combined tetanus, diphtheria, and acellular pertussis (whooping cough) booster, or Tdap, is the preferred booster vaccine and is strongly advised, but Td is acceptable.

___ One Tdap (or Td) booster dose within the last ten years prior to matriculation. Date : _____

OR

___ Completion of primary series (DTaP, DTP or Td) within the last ten years prior to matriculation. Date: _____

E. Exemption – Requires written documentation of grounds for exemption from attending physician.

___ This student is exempt from the above immunization on grounds of permanent medical contraindication. Attach documentation from attending physician.

___ This student is temporarily exempt from the above immunizations until (date) ___/___/___ . Attach documentation from attending physician.

Signature of Health Care Provider (licensed physician or qualified employee of a local Board of Health or County Health Department)

Name _____ Title _____

Phone (____) _____ Address _____

Signature _____ Date _____

Part III – Religious Exemption - Put checkmark and PRINT name of student, only if claiming religious exemption.

___ 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 from campus in the event of an outbreak of a disease for which immunization is required.

Name: _____ Student ID Number: _____

Part IV – Meningococcal Disease Facts

The Georgia General Assembly passed legislation requiring public and nonpublic postsecondary educational institutions to give students residing in University managed on-campus housing information about meningococcal disease and vaccine. Students are required to sign a document provided by the postsecondary institution stating that they have received a vaccination against meningococcal disease or reviewed the information and have declined to be vaccinated. The governor signed the legislation on May 28, 2003; effective January 1, 2004 (Official Code of Georgia Annotated § 31-12-3.2). Health Services recommends that all students be vaccinated against meningococcal disease. The following meningococcal disease facts are provided for your information.

Meningococcal disease is a serious infection caused by bacteria, most commonly causing meningitis (an infection of the membranes that surround the spinal cord and brain) or sepsis (an infection of blood that affects many organ systems).

College freshmen, particularly those living in dorms, have a modestly increased risk of getting the disease compared with other persons of the same age. Up to 100 cases occur among the 15 million college students in the United States each year, with 5-15 deaths. However, the overall risk of disease, even among college students, is low. Crowded living conditions and smoking (active or passive) are additional risk factors that are potentially modifiable. Bacteria are spread from person-to-person through secretions from the mouth and nose, transmitted through close contact. Casual contact or breathing in the same air space is not considered sufficient for transmission.

Common symptoms include: stiff neck, headache, fever, sensitivity to light, sleepiness, confusion, and seizures. Invasive meningococcal disease, or blood infection with the organism, causes fever and rash. The disease can be treated with antibiotics, but treatment must be started early. Even with treatment, some patients may die. Survivors may be left with a severe disability such as the loss of a limb.

A meningococcal polysaccharide vaccine is available for those who wish to pay for it. Vaccine protects against 4 of the 5 most common types of meningococcal bacteria and protection typically lasts 3-5 years. Vaccination may decrease the risk of meningococcal disease; however, it does not eliminate the risk because the vaccine does not protect against all types of meningococcal bacteria. Approximately 50-70% of disease among college students is likely to be vaccine- preventable. Vaccine may be available at travel clinics, health departments, student health services, or through private providers. Prices may vary.

For more information about Meningitis, go to:

- www.acha.org/projects_programs/overview.cfm, a site provided by the American College Health Association
- www.cdc.gov/nip/publications/VIS/vis-mening.pdf, the availability of a safe and effective vaccine
- www.cdc.gov/nip/recs/teen-schedule.htm#chart, a listing of additional sources of information
- http://www.usg.edu/student_services/immun/resources_map.pdf, map of Georgia’s public health districts

Part V - Recommended Immunizations - In addition to required immunizations (Varicella (Chickenpox), Hepatitis B, and Tetanus-Diphtheria (Tdap), Health Services **recommends** Statesboro Center students be immunized against Meningococcal Meningitis, Hepatitis A, and Polio.

Part VI – TB Screening for U.S. Citizens and International Students

Tuberculosis (TB) Screening: East Georgia College and GSU Health Services recommends a tuberculin skin test for all Students who are U.S. Citizens.

Date of Test: _____ Results: ___Negative ___ Positive If positive, a chest X-ray is required.
Date of Chest X-ray: _____

Name: _____ Student ID Number: _____

Part VII –Miscellaneous and Medical History Information

PERSONS TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship _____

Phone (H) (____) _____ (W) (____) _____ (Cell) (____) _____

Name: _____ Relationship _____

Phone (H) (____) _____ (W) (____) _____ (Cell) (____) _____

Name of Personal Physician _____ Physician's Phone Number _____

Physician's
Address: _____

MEDICAL INSURANCE COMPANY: _____

Policy No. _____

Note: *Surgery, fractures, sophisticated diagnostic procedures, consultations with physicians other than those employed by Georgia Southern University and hospitalization in local hospitals are not covered by the student health fee. Students are encouraged to carry their health insurance card at all times.*

PERSONAL MEDICAL HISTORY - This information will remain confidential and will be utilized by Health Services personnel only.

1) **Please describe current medical conditions that are currently under treatment or being monitored? Request your physician to forward a summary to Health Services.**

2) **Please list prescribed medications taken on a regular basis.**

3) **Please list current ALLERGIES to medications, food, insects, or other substances.**

4) **Other significant physical or mental conditions, special accommodations, or comments:**

PERMISSION FOR DIAGNOSTIC AND TREATMENT PROCEDURES

I hereby authorize the medical staff of Georgia Southern University Health Services, their agents or consultants, to perform diagnostic and treatment procedures, which in their judgment become necessary while I am a student on Georgia Southern University's campus. I understand I am responsible for charges incurred.

PARENTS OF STUDENTS UNDER AGE 18: I hereby authorize medical treatment for my student, which may be advised or recommended by the medical staff of Georgia Southern University Health Services.

Student's Signature (required)

Date

Signature of Parent (required if student under age18)

PLEASE NOTE: RETURN THESE FORMS TO EAST GEORGIA COLLEGE AT LEAST TWO WEEKS PRIOR TO YOUR ORIENTATION (PAWS) DATE. *Students should keep a copy of these forms for their personal records.*