



**UNIVERSITY SYSTEM OF GEORGIA  
REQUIRED  
CERTIFICATE OF IMMUNIZATION**

**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 State 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 at least 2 weeks prior to your PAWS Orientation date may delay your enrollment at East Georgia State College.** Retain a copy of the completed form for your records.

Student ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
<b>MMR</b> <sup>1</sup>	/ /	/ /			
<b>Measles</b> <sup>1</sup>	/ /	/ /			/ /
<b>Mumps</b> <sup>1</sup>	/ /	/ /			/ /
<b>Rubella</b> <sup>1</sup>	/ /	/ /			/ /
<b>Varicella</b> <sup>3</sup>	/ /	/ /		Date of Disease / /	/ /
<b>Tetanus-Diphtheria Pertussis (Whooping Cough)</b> <sup>4</sup>	Tdap / /	Td Booster <sup>4</sup> / /			
<b>Hepatitis B</b> <sup>2</sup>	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	/ /

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

**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.
- Military exemption –students who were active military within past 2 yrs, must show proof of active military service
- 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: \_\_\_\_\_



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Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
<b>Human Papillomavirus</b> <sup>5</sup>	/ /	/ /	/ /		
<b>Hepatitis A</b> <sup>6</sup>	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	/ /
<b>Meningococcal ACWY</b> <sup>7, 8</sup> (MCV4)	/ /	/ / MCV4 Booster <sup>8</sup>			
<b>Meningococcal</b> <sup>9</sup>	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	
<b>Annual Influenza</b> <sup>6</sup>	/ /	/ /			

<sup>5</sup>—Strongly recommended for all unvaccinated women through age 26 years.

<sup>6</sup>—Strongly recommended but not required.

<sup>7</sup>—Strongly recommended if residing

<sup>8</sup>—MCV4 Booster necessary if initial MCV4 dose was received more than 5 years prior to admittance

<sup>9</sup>—Consider if younger than 23 yrs of age

**CERTIFICATION OF HEALTH CARE PROVIDER** *(This information is required)*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

**Medical Office Stamp**

**Forms can be mailed to:**

East Georgia State College – Enrollment Management  
131 College Circle  
Swainsboro, GA, 30401

**or faxed to:**

(478) 289-2353

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_

*If student is under 18 years of age*

# East Georgia

STATE COLLEGE™

## MEDICAL ENTRANCE FORM REQUIRED

Student ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Term/Year of Application: \_\_\_\_\_ Age at time of application: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

***The following information is strictly for the purpose of assisting Student Health Services in caring for you while you are attending East Georgia State College. It is not used as a criterion for admission and will not be released to anyone without your written consent. The staff of Student Health Services will share information only if you have contacted them for assistance.***

### 1. ALLERGIES

- |        |  |   |
|--------|--|---|
| Drug   | <input type="radio"/> YES <input type="radio"/> NO | If yes, please give specific details: _____ |
| Pollen | <input type="radio"/> YES <input type="radio"/> NO | If yes, please give specific details: _____ |
| Food   | <input type="radio"/> YES <input type="radio"/> NO | If yes, please give specific details: _____ |
| Insect | <input type="radio"/> YES <input type="radio"/> NO | If yes, please give specific details: _____ |
| Other  | <input type="radio"/> YES <input type="radio"/> NO | If yes, please give specific details: _____ |

### 2. HOSPITALIZATIONS

- Have you ever been hospitalized?  YES  NO
- If yes, please give: Date of hospitalization (MM/DD/YY) \_\_\_\_\_

Reason for hospitalization

### 3. MEDICATION

Are you currently taking medication?  YES  NO

If yes, please list the medication(s)

**4. MEDICAL CONDITION**

Do you have a chronic (long-lasting or persistent) medical condition that requires treatment or medication?  YES  NO

If yes, please have your physician send a summary of your treatment that includes the following:

- Condition being treated
- Type of Medicine
- Physician's address and phone number

**5. AUTHORIZATION TO TREAT** *If you are over 18 years of age*

I hereby authorize the physicians of Student Health Services and their agents or consultants, including those at area hospitals, to perform diagnostic and treatment procedures which in their judgment may become necessary while I am at East Georgia State College.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO TREAT** *If you are under 18 years of age*

I hereby authorize the physicians of Student Health Services and their agents or consultants, including those at area hospitals, to perform diagnostic and treatment procedures on the above named student which in their judgment may become necessary while she/he attends East Georgia State College. I waive all claims to prior notification. I understand that every effort will be made to notify me in the event of a major illness or injury, or if the Student Health Services physician feels it is necessary.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

**6. EMERGENCY CONTACT(S)**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Nighttime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Nighttime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**7. MEDICAL INSURANCE INFORMATION** *(if applicable)*

Insurance Company Name: \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Identification Number \_\_\_\_\_



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

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

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"> <li>- 3 dose hepatitis B series (0, 1-2, and 4-6 months),</li> <li>or</li> <li>- 3 dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months),</li> <li>or</li> <li>- 2 dose hepatitis B series of Recombivax™ (0 and 4-6 months, given at 11-15 years of age),</li> <li>or</li> <li>- Laboratory / serologic evidence of immunity or prior infection</li> </ul>	<p>Required for all students who will be 18 years of age or less at matriculation.</p> <p>It is <b>strongly recommended</b> 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"> <li>- 1 dose meningococcal conjugate vaccine (MCV4) for unvaccinated persons</li> <li>or</li> <li>- 1 booster dose of meningococcal conjugate vaccine (MCV4) for persons who received initial dose of MCV4 more than five years prior to admittance.</li> <li>or</li> <li>Signed documentation that student (or parent or guardian if student &lt;18 years old) has received and reviewed information about meningococcal disease as required by O.C.G.A. § 31-12-3.2</li> </ul>	Newly admitted freshmen or matriculated students planning to reside in university managed campus housing or residing in sorority or fraternity houses.	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"> <li>- 2 dose Men B series of Bexsero™ (0 and 1-2 months),</li> <li>or</li> <li>- 3 dose Men B series of Trumenba™ (0, 1-2, and 6-12 months)</li> </ul>	Consider for unvaccinated students younger than 23 yrs
Influenza	<ul style="list-style-type: none"> <li>- Annual vaccination at the start of influenza season (October – March)</li> </ul>	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"> <li>- 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).</li> </ul>	Strongly recommended for all unvaccinated males and females through age 26 yrs.
Hepatitis A	<ul style="list-style-type: none"> <li>- 2 dose hepatitis A series (0 and 6-12 months),</li> <li>or</li> <li>- 3 dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months)</li> </ul>	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 noninjectable drugs, persons with clotting-factor disorders, and persons with chronic liver disease
Pneumococcal Polysaccharide	<ul style="list-style-type: none"> <li>- 1 dose for persons &lt; 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</li> <li>or</li> <li>- 1 dose for unvaccinated persons ≥ 65yrs</li> </ul>	Revaccination with pneumococcal polysaccharide vaccine every 5 yrs after persons is 65 yrs, is NOT recommended.
Other Vaccines	<ul style="list-style-type: none"> <li>- 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.</li> </ul>	