

CERTIFICATE OF IMMUNIZATION

Name _____ Social Security Number _____
Last First Middle
 Date of Birth _____ Semester and Year Entering West Georgia _____

Required Immunizations—These immunizations are required by the Board of Regents of the University System of Georgia.

Student cannot register for classes without this evidence of immunization. This certificate must be completed and signed by a health care provider. Dates must include month and year, or month, day and year where indicated.

- **For students born before 1957**, provide evidence of Rubella immunity, as in IV.
- **For all other students**, provide evidence of either MMR immunity as in I, **OR** measles, mumps and rubella immunity as in II, III, and IV.

I. MMR (Measles, Mumps, Rubella) Note: Date must be after 1970

1. Dose 1 - immunized at 12 months of age or later, and (MO/DAY/YR) ___/___/___
 2. Dose 2 - immunized at least 30 days after Dose 1 (MO/DAY/YR) ___/___/___

II. MEASLES Note: Date must be after March 4, 1963

1. Had disease, confirmed by physician diagnosis in office record, OR (MO/YR) ___/___
 2. Born before 1957 and therefore considered immune, OR (MO/YR) ___/___
 3. Has laboratory evidence of immune titer (specify date of titer), OR (MO/YR) ___/___
 4. Immunized with live measles vaccine at 12 mos. of age or later, AND (MO/DAY/YR) ___/___/___
 5. Immunized with second dose of live measles vaccine at least 30 days after first dose (MO/DAY/YR) ___/___/___

III. MUMPS Note: Date must be after April 22, 1971

1. Had disease, confirmed by physician diagnosis in office record, OR (MO/YR) ___/___
 2. Born before 1957 and therefore considered immune, OR (MO/YR) ___/___
 3. Has laboratory evidence of immune titer (specify date of titer), OR (MO/YR) ___/___
 4. Immunized with vaccine at 12 mos. of age or later (MO/DAY/YR) ___/___/___

IV. RUBELLA Note: Date must be after June 9, 1969

1. Has laboratory evidence of immune titer (specify date of titer), OR (MO/YR) ___/___
 2. Immunized with vaccine at 12 mos. of age or later (MO/DAY/YR) ___/___/___

EXEMPTIONS:

_____ Exemption on grounds of permanent medical contraindication

_____ Exemption on grounds of temporary medical contraindication

_____ A. Pregnancy, expected delivery date: ___/___

_____ B. Other, anticipated date of contraindication's end: ___/___

_____ Religious exemption: I affirm that immunization as required by the University System of Georgia is in conflict with my religious beliefs

I understand that exemption for any of the reasons listed above subjects me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

 Signature of Student Date

Immunization status indicated above is certified by:

 Signature of physician or health facility official Date

 Name and address of physician or public health facility

IMPORTANT: All persons entering or re-entering the United States must present a successful vaccination against smallpox within the preceding three years. Inoculation against typhoid is also recommended.

*The information on this form is confidential and will be used only in matters concerning your health.
 Mail completed form to the appropriate office: Admissions Office or Graduate School, State University of West Georgia, Carrollton, Georgia 30118-4400.*