



Due to college students' increased risk for certain vaccine preventable diseases, we would like to inform you that there are safe and effective vaccines available for meningococcal meningitis (a rare but deadly blood and brain infection), hepatitis B (a serious liver infection that is sexually transmitted), and influenza. We recommend that you discuss the need for these vaccines with your health care provider. The ABAC Student Health Center is another source for further information and these vaccines.

**Certificate of Immunization**

**Make a copy of this form to keep with your important papers.**

As required under University System Policy, this form must be completed and returned to ABAC before the student will be eligible for enrollment in classes.

**Part A – To be completed by the student (please print).**

Name (last, first, middle, Jr., III, etc.)		Expected date [ ] Fall [ ] Spring of ABAC enrollment [ ] Summer 20_____	
Home Phone	Area Code	Number	
Home Mailing Address		City	State Zip
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Social Security Number Or ABAC ID Number	
Home Physician Address		City, State Zip	Phone Area Code Number

**Part B – To be completed and signed by a health care provider.**

**REQUIRED IMMUNIZATIONS**

**I. MMR (Measles, Mumps, Rubella)**

\_\_\_ 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) \_\_\_/\_\_\_/\_\_\_

OR

**Measles**

\_\_\_ 1. Had disease, confirmed by physician diagnosis in office record,  
 OR (MO/YR) \_\_\_/\_\_\_

\_\_\_ 2. Has laboratory evidence of immune titer (specify date of titer)  
 OR (MO/YR) \_\_\_/\_\_\_

\_\_\_ 3. Immunized with live measles at 12 months of age or later.  
 2<sup>nd</sup> dose of live measles at least 28 days after 1<sup>st</sup> dose.  
 (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_  
 (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_

**Mumps**

\_\_\_ 1. Had disease, confirmed by physician diagnosis in office record,  
 OR (MO/YR) \_\_\_/\_\_\_

\_\_\_ 2. Has laboratory evidence of immune titer (specify date of titer)  
 OR (MO/YR) \_\_\_/\_\_\_

\_\_\_ 3. Immunized with live mumps at 12 months of age or later.  
 2<sup>nd</sup> dose of live mumps at least 28 days after 1<sup>st</sup> dose.  
 (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_  
 (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_

**Rubella**

\_\_\_ 1. Has laboratory evidence of immune titer (specify date of titer)  
 OR (MO/YR) \_\_\_/\_\_\_

\_\_\_ 2. Immunized with live rubella at 12 months of age or later  
 (MO/YR) \_\_\_/\_\_\_

OR

**Exemption**

\_\_\_ I was born before 1957, and therefore am exempt from the above requirement.

**II. Tetanus-Diphtheria**

\_\_\_ 1. One Td booster dose within the last ten years  
 OR (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_

\_\_\_ 2. One Tdap (Adacel) booster within the past ten years  
 Completion Date (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_

\_\_\_ 3. Completion of primary series (DTaP, DTP or TD) within the past ten years prior to matriculation  
 Completion Date (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_

**III. Varicella** (For student born in 1980 or later and all foreign born students, regardless of age.)

\_\_\_ 1. Had disease, confirmed by health care provider,  
 OR (MO/YR) \_\_\_/\_\_\_

\_\_\_ 2. Has laboratory evidence of immune titer (specify date of titer)  
 OR (MO/YR) \_\_\_/\_\_\_

\_\_\_ 3. Two doses. Dose 1 given after the student's 1st birthday; 2<sup>nd</sup> dose at least 28 days after 1<sup>st</sup> dose.  
 (MO/DAY/YR) (1) \_\_\_/\_\_\_/\_\_\_ (2) \_\_\_/\_\_\_/\_\_\_

OR

\_\_\_ 4. History of shingles (herpes zoster)  
 (MO/YR) \_\_\_/\_\_\_

OR

**Exemption**

\_\_\_ 5. I was born in the US before 1980, and am therefore exempt from the above requirement

**IV. Hepatitis B** – Note – required of all students who are 18 years of age or younger.

\_\_\_ 1. Three doses hepatitis B series  
 (MO/DAY/YR) \_\_\_/\_\_\_/\_\_\_ 2) \_\_\_/\_\_\_/\_\_\_ 3) \_\_\_/\_\_\_/\_\_\_

OR

\_\_\_ 2. Two doses of Recombivax if given between 11 and 15 years of age.  
 (MO/DAY/YR) 1) \_\_\_/\_\_\_/\_\_\_ 2) \_\_\_/\_\_\_/\_\_\_

OR

\_\_\_ 3. Has laboratory evidence of immune titer (specify date of titer)  
 \_\_\_/\_\_\_/\_\_\_ OR  
 Nineteen (19) years of age or over at matriculation.

**RECOMMENDED IMMUNIZATIONS**

> Hepatitis B (above, recommended for all students)

> Meningitis \_\_\_/\_\_\_/\_\_\_ > Flu \_\_\_/\_\_\_/\_\_\_

Immunization status to this date certified by:

Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Name of Health Care Provider \_\_\_\_\_

Address of Health Care Provider \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**MEDICAL EXEMPTION**

\_\_\_ This student is exempt from the above immunizations on grounds of permanent medical contraindication.

\_\_\_ This student is exempt from the above immunizations until \_\_\_/\_\_\_/\_\_\_ . Reason \_\_\_\_\_

**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 in the event of an outbreak of a disease for which immunization is required.

Signature of Student (Student signature required only for Religious Exemption) \_\_\_\_\_ Date \_\_\_\_\_

**Return Form To:**  
**Office of Enrollment Services**  
**ABAC 4; 2802 Moore Hwy**  
**Tifton, GA 31793-2601**