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).

<table>
<thead>
<tr>
<th>Name</th>
<th>Expected date</th>
<th>Home Phone</th>
<th>Area Code</th>
<th>Number</th>
<th>Home Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<td>(last, first, middle, Jr., III, etc.)</td>
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Sex: [ ] Male  [ ] Female  Date of Birth

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<tr>
<th>Home Physician</th>
<th>Address</th>
<th>City, State</th>
<th>Zip</th>
<th>ABAC ID Number</th>
</tr>
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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
      (MO/DAY/YR) ___/___/___
      OR
   - 2. Dose 2 – Immunized at least 30 days after dose 1
      (MO/DAY/YR) ___/___/___

Measles
   - 1. Had disease, confirmed by physician diagnosis in office record,
      (MO/YR) ___/___
      OR
   - 2. Has laboratory evidence of immune titer (specify date of titer)
      (MO/YR) ___/___
      OR
   - 3. Immunized with live measles at 12 months of age or later.
      25% dose of live measles at least 28 days after 1st dose.
      (MO/DAY/YR) ___/___/___

Mumps
   - 1. Had disease, confirmed by physician diagnosis in office record,
      (MO/YR) ___/___
      OR
   - 2. Has laboratory evidence of immune titer (specify date of titer)
      (MO/YR) ___/___
      OR
   - 3. Immunized with live mumps at 12 months of age or later.
      2nd dose of live mumps at least 28 days after 1st dose.
      (MO/DAY/YR) ___/___/___

Rubella
   - 1. Has laboratory evidence of immune titer (specify date of titer)
      (MO/YR) ___/___
      OR
   - 2. Immunized with live rubella at 12 months of age or later
      (MO/YR) ___/___

OR

Exemption
   - 1. I was born before 1957, and therefore am exempt from the above requirement.

II. Tetanus-Diptheria-Pertussis
   - 1. One Td within ten years
      (MO/DAY/YR) ___/___
   - 2. One Td within ten years
      (MO/DAY/YR) ___/___
      AND history one Tdap (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,
      (MO/YR) ___/___
      OR
   - 2. Has laboratory evidence of immune titer (specify date of titer)
      (MO/YR) ___/___
      OR
   - 3. Two doses. Dose 1 given after the student’s 1st birthday; 2nd dose at least 28 days after 1st 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
      1) ___/___/___ 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.

Immunization status to this date certified by:

Signature of Health Care Provider  Date

Name of Health Care Provider

Address of Health Care Provider

Phone (___) ___-____

EXEMPTIONS

[ ] Military Exemption: Member of the military within the last two years may be validated as having met the immunization requirement with proof of active military service (copy of DD214). Complete Part A above and attach documentation.

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

Revised 11/11/11