



ABRAHAM BALDWIN
AGRICULTURAL COLLEGE

University System of Georgia

Certificate of Immunization

Choose an option and return to:
ABAC Heath Center, ABAC 52
ABAC Enrollment Management, ABAC 4
2802 Moore Hwy., Tifton, GA 31793-2601
abacinfo@abac.edu
Fax Number: (229) 391-5031 or (229) 391-5002

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	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.
 2nd dose of live measles at least 28 days after 1st 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.
 2nd dose of live mumps at least 28 days after 1st 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-Pertusis

- ___ 1. One Tdap within ten years
 (MO/DAY/YR) ___/___/___
 OR
 ___ 2. One Tdap within ten years
 AND history one Tdap (MO/DAY/YR) ___/___/___
 (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; 2nd
 dose at least 28 days after 1st dose.
 (MO/DAY/YR) (1) ___/___/___ (2) ___/___/___
 OR
 ___ 4. History of shingles (herpes zoster) (MO/YR) ___/___/___

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)
 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 _____