**North Georgia College & State University**
**Certificate of Immunization**

**Please make a copy of this completed form for your records then mail it to Office of Graduate Admissions, North Georgia College & State University, Dahlonega, GA 30597 or fax 706-867-2795. This form must be fully completed and returned prior to registration. Dates are required for all applicable immunizations.**

**STUDENT INFORMATION**

Name (Last) _____ (First) _____ (MI) _____

Date of Birth _____/_____/_____ Term of Application _____

**IMMUNIZATION INFORMATION (DATES ARE REQUIRED)**

| VACCINE | DATE MM/DD/YYYY | DATE MM/DD/YYYY | DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE |
|---|---|---|---|
| **MMR*** **Two doses or** | / / | / / | |
| **Measles*** Two doses and | / / | / / | / / |
| **Mumps*** One dose | / / | / / | / / |
| **Rubella*** Once dose | / / | / / | / / |
| **Varicella** (chicken pox)** | / / | / / | (History/approx date/requires physician's signature) / / |
| **Tetanus**-Diptheria (DTP, DTaP, Tdap, or Td) **Within 10 years** | Most recent date / / | | |

***Not required if born before 1957** ****Not required if born in the US before 1980**

**PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION**

☐ This student is except from the above immunizations on the ground of permanent medical contraindication.

☐ This student is temporarily exempt from the above immunization until _____/_____/_____.

**CERTIFICATION OF HEALTH CARE PROVIDER (REQUIRED)**

_____ _____

Name and address of health care provider Signature of physician or health care provider Date

**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 disease for which immunization is required.

☐ I declare that I will be enrolling **ONLY** in courses offered by **distance learning/online**. 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 _____/_____/_____