

**North Georgia College & State University
Certificate of Immunization for
Doctorate of Physical Therapy Applicants**

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 by April 2nd 2012. 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 MM/DD/YYYY		DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
MMR¹ or	/ /	/ /			
Measles	/ /	/ /			/ /
Mumps	/ /	/ /			/ /
Rubella	/ /	/ /			/ /
Varicella²(chicken pox)	/ /	/ /			(or history of) / /
Tetanus-Diphtheria (DTP, DTaP, Tdap, or Td) Within 10 years	Most recent date / /				
Hepatitis B	/ /	/ /	/ /	Type Series: ___ 2 Dose Series ___ 3 Dose Series	/ /
PPD (Mantoux Skin Test Required!)³	/ /				
Strongly Recommended Meningococcal Vaccine⁴	/ /				

1. Not required if born before 1957.
2. Not required if born in the US before 1980.
3. PPD must be administered annually. If you have a positive PPD, a chest x-ray and completion of the Positive PPD Questionnaire are required.
4. Meningococcal (strongly recommended) – 1 dose meningococcal conjugate vaccine (preferred) or 1 dose of meningococcal polysaccharide within 5 years prior to matriculation or signed document that student has received and reviewed information about the disease as required by O.C.G.A. §31-12-3.2.

PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION

This student is exempt 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
Date

Signature of physician or health care provider