

Certificate of Immunization

ATLANTA METROPOLITAN COLLEGE

University System of Georgia

Section A - To be completed by student.

Social Security Number		Date of Enrollment	
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code

REQUIRED IMMUNIZATION INFORMATION

Effective Summer Quarter 1991, all applicants are required to satisfy immunization requirements for **measles, mumps, and rubella (MMR)** before being eligible for admissions consideration. The Board of Regents of the University System of Georgia has instituted this policy in order to minimize potential outbreaks of **measles, mumps, and rubella** on college campuses. This requirement applies to all admissions classifications (i.e., Freshman, Transfer, Joint Enrollment, Non-Traditional, Special, Transient).

Please submit the original Certificate of Immunization (reverse side) completed by a physician or health facility official by the posted document deadline.

Note: You will not be accepted and cleared for registration until the completed certificate showing you have the required immunizations is received by the Atlanta Metropolitan College Office of Admissions.

Return completed Immunization Certificate to:

Office of Admissions
Atlanta Metropolitan College
1630 Metropolitan Parkway, S.W.
Atlanta, Georgia 30310

Below are the main locations and telephone numbers of area health departments.

Clayton County	134 Spring Street, Jonesboro	770-471-8636
Cobb County	1650 County Farm Road, Marietta	770-514-2300
Dekalb County	440 Winn Way, Decatur	404-294-3700
Fulton County	99 Butler Street, Atlanta	404-756-1484
Gwinnett County	15 S. Clayton Street, Lawrenceville	770-963-6136
Rockdale County	1329 Portman Drive, Suite D, Conyers	770-929-0292

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Section B - To be completed and signed by health-care provider. Dates must include month and year.

Required immunizations:

1. For students born before 1957, Rubella immunity, as in Part IV.
2. For all students, either
 - a) MMR immunity, as in Part I
 - b) Measles, Mumps and Rubella immunity, as in Parts II, III and IV.

Part I - Mumps, Measles, and Rubella (MMR)

1. Dose 1 - immunized at 12 months of age or later, and (MO & YR)
2. Dose 2 - immunized at least 30 days after Dose 1 (MO & YR)

Part II - Measles

1. Had disease; confirmed by physician diagnosis in office record, or (MO & YR)
2. Born before 1957 and therefore considered immune, or (MO & YR)
3. Has evidence of immune titer (specify date of titer), or (MO & YR)
4. Immunized with live measles vaccine at 12 months of age or later, and (MO & YR)
5. Immunized with second dose of live measles vaccine at least 30 days after first dose (MO & YR)

Part III - Mumps

1. Had disease, confirmed by physician diagnosis in office of record, or (MO & YR)
2. Born before 1957 and therefore considered immune, or (MO & YR)
3. Has laboratory evidence of immune titer (specify date of titer), or (MO & YR)
4. Immunized with vaccine at 12 months of age or later (MO & YR)

Part IV - Rubella

1. Had laboratory evidence of immune titer (specify date of titer), or (MO & YR)
2. Immunized with vaccine at 12 months of age or later (MO & YR)

Exemption on grounds of permanent medical contraindication (MO & YR)

Exemption on grounds of temporary medical contraindication:

1. Pregnancy - expected date of confinement (MO & YR)
2. Other - anticipated date of end of contraindication (MO & YR)

Signature of physician or health-care facility official

Date

Print name of physician or public health-care facility

Print address of physician or public health-care facility

Religious Exemption *(Must Be Notarized)*

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 if requesting religious exemption

Date