CERTIFICATE OF IMMUNIZATION

See the back of this form for immunization requirements and acceptable documentation. Return documentation to Clayton State University Admissions Office, 2000 Clayton State Blvd., Morrow, GA 30260 or FAX to (770) 961-3752. Keep a copy of the completed form for your records.

ame		First		Middle	-
Last				Middle	
ty		State		Zip	
erm/Year of application		Age at	time of application	Date of Birth	
IMUNIZATION INFORMA	TION (See the reverse	of this form for specific	immunization require	ments)	DATE OF BOOKEN'S
VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
MMR *	1 1	, ,	, ,	1 1	
Measles *	7 1	1 1	1 1	, ,	1 1
Numps *	T = I	7 1	1 1	1 1	1 1
Rubella *	1 1	, ,	, ,	1 1	1 1
/aricella	1 1	, j	, ,	1 1	(or history of varicella)
etanus-Diptheria DTP, DtaP, or TD)		22 23			
Hepatitis B **	1 1	/ /	1 1	Type series: 2 dose series 3 dose series	1 1
	who are 18 years of ag	e or younger at time of exp	pected matriculation.		
ERMANENT OR TEMPO This student is expressions.			v - 11 2		
		nmunizations on the ground	130		
This student is te	mporarily exempt from t	he above immunizations u	ntil/_	<i>J</i> ·	
RTIFICATION OF HEAL	TH CARE PROVIDER	This information is requ	red)		
me		9	Signature		
					
dress					
te of Issue					
te of Issue			e immunization requiren	nent for one of the following	reasons:
EMPTIONS eck the appropriate box,	sign, and date if you are	e claiming exemption of the	eorgia is in conflict with	nent for one of the following n my religious beliefs. I unde	
KEMPTIONS neck the appropriate box, I affirm that immulexclusion in the exclusion in the exclusion.	sign, and date if you are inization as required by went of an outbreak of a	e claiming exemption of the the University System of G disease for which immuni	eorgia is in conflict with zation is required.		erstand that I am subject to
I affirm that immuexclusion in the exclusion Student Signatur	sign, and date if you are inization as required by event of an outbreak of a	e claiming exemption of the the University System of G disease for which immunicurses offered by distance	leorgia is in conflict with zation is required. Date learning. I understand	n my religious beliefs. I unde	erstand that I am subject to

IMMUNIZATION REQUIREMENTS

According to the policies of the Board of Regents of the University System of Georgia, applicants who have not previously attended Clayton State must submit proof of all required immunizations certified by a health official.

The Board of Regents and the Division of Public Health of the Georgia Department of Human Resources developed the requirements and recommendations outlined in the tables below. The following immunizations are required of all new applicants to Clayton State effective Spring Semester 2005.

Applicants M UST SUBM IT ONE OF THE FOLLOWING in order to document proof of required immunizations. No other documentation will be accepted.

- Clayton State University Certification of Immunization
- Georgia Registry of Immunization Transactions and Services Printout
- World Health Organization (WHO) Certificate of Immunization
- Georgia County Health Department Immunization History Printout
- Georgia Department of Human Resources Certificate of Immunization (Form 3231)

PROOF OF IMMUNIZATION OR NATURALLY-ACQUIRED IMMUNITY - REQUIRED

Vaccine	Requirement	Required for:
Measles (Rubeola)	Two (2) doses of live measles vaccine (combined measles-mumps-rubella or "MMR" meets this requirement), with first dose at 12 months of age or later and second dose at least 28 days after the first dose or Laboratory/serologic evidence of immunity	Students born in 1957 or later
Mumps	One (1) dose at 12 months of age or later (MMR meets this requirement) or Laboratory/serologic evidence of immunity	Students born in 1957 or later
Rubella (German Measles)	One (1) dose at 12 months of age or later (MMR meets this requirement) or Laboratory/serologic evidence of immunity	Students born in 1957 or later
Varicella (Chicken Pox)	One (1) dose given at 12 months of age or later but before the student's 13 th birthday, or If first dose given after the student's 13 th birthday: Two (2) doses at least 4 weeks apart or History of varicella disease (chicken pox) or Laboratory/serologic evidence of immunity	All students
Tetanus, Diphtheria	One TD booster dose within 10 years prior to matriculation. Recommendation: Students who are unable to document a primary series of three (3) doses of tetanus-containing vaccine (DtaP, DTP, or Td) are strongly advised to complete a three-dose primary series with Td.	All students
Hepatitis B	Three (3) dose hepatitis B series (0, 1-2, and 4-6 months) or Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months) or Two (2) dose hepatitis B series of Recombivax (0 and 4-6 months, given at 11-15 years of age) or Laboratory/serologic evidence of immunity or prior infection	Required for all students who will be 18 years of age or less at time of expected matriculation. Recommendation: It is strongly recommended that all students, regardless of their age at matriculation, discuss hepatitis B immunization with their health care provider.

ADDITIONAL IMMUNIZATION RECOMMENDATIONS - NOT REQUIRED

Vaccine	Recommendation
Meningococcal quadrivalent polysaccharide vaccine	One (1) dose within 5 years prior to matriculation
Influenza	Annual vaccination at the start of influenza season (October-March)
Hepatitis A	Two (2) dose hepatitis A series (0 and 6-12 months), or Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months)
Other Vaccines	Other vaccines may be recommended for students with underlying medical conditions and students planning international travel. Students meeting these criteria should consult with their physicians or health clinic regarding additional vaccine recommendations.