



Floyd College

3175 Cedartown Hwy., SE, P.O. Box 1864 - Rome, Georgia 30162-1864
CERTIFICATE OF IMMUNIZATION

Part I – To be completed by the Student:

Student ID: _____ Social Security Number _____ - _____ - _____

Name _____
Last Name First Name M.I.

Address _____
Street City State Zip

Age: ____ at the time you entered the college. Date of Birth ____/____/____
MM DD YR

Signature: _____

Part II – To be Completed and Signed By Your Health Care Provider.

Required Immunizations

A. Measles, Mumps, Rubella –Required for Students Born in 1957 or Later
(Please Fill in Date Immunization was Given in Space Provided)

1. M.M.R. (Measles, Mumps, Rubella)
____ 2 Doses with the first dose at 12 months or later & the second at least 28 days after the first dose, OR
____ Laboratory/Serologic evidence of immunity

OR 2. Measles
____ 2 Doses with the first dose at 12 months later & the second at least 28 days after the first dose, OR

Mumps
____ 1 Dose at 12 months or later, OR
____ Laboratory/Serologic evidence of immunity

Rubella
____ 1 Dose with the first dose at 12 months or later
____ Laboratory/Serologic evidence of immunity

OR 3. Exemption
____ I was born before 1957, and therefore am exempt from this requirement

B. Tetanus-Diphtheria (Td Booster Dose in the last Ten Years or Primary Series with DTaP, DTO or Td)

____ One Td Booster Dose Within last Ten Years prior to Matriculation Or,
____ Completion of Primary Series (DTaP, DTP, or TD) Within the Last Ten Years prior to Matriculation

C. Varicella (Either a history of chicken pox, a positive Varicella antibody, or two doses of Vaccine given at least one month apart if immunized after age 13 years)

- _____ History of Disease Yes _____ No _____, OR
- _____ Laboratory/Serologic evidence of immunity, OR
- _____ 1 dose given at 12 months of age or later, but before the students 13th birthday, OR
- _____ 2 doses. Dose 1 given after the students 13th birthday.
- _____ 2nd dose at one month after first dose.

D. Hepatitis B – Required for all students who are 18 years of age or younger. (Three doses of vaccine or a positive Hepatitis surface antibody)

- _____ 3 dose Hepatitis B series, OR
- _____ 3 dose combined Hepatitis A and Hepatitis B series, OR
- _____ 2 doses Hepatitis B series of Recombivax, OR
- _____ Laboratory/Serologic evidence of immunity or prior infection

E. Exemption

_____ This student is exempt from the above immunization on grounds of permanent medical contraindication.

_____ This student is temporarily exempt from the above immunizations until _____/_____/_____

Health Care Provider

Name _____ Address _____

Signature _____ Phone (_____) _____

Date _____

Part III – Exemptions

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. OR

I, _____ declare that I will be enrolling in ONLY courses offered by distance learning. 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 immunizations.

