



# Form Six CERTIFICATE OF IMMUNIZATION

J. Mack Robinson College of Business  
 Georgia State University  
**MASTERS & DOCTORAL  
 PROGRAMS**  
 Application for Admission  
 Summer 2006 – Spring 2007

This Form **MUST** be returned to: **IMMUNIZATIONS OFFICE, Georgia State University**

**By U.S. Mail: P. O. Box 3996**

**Atlanta, GA 30303-3081**

**In person: 147 Sparks Hall, 33 Gilmer St. SE**

**or FAX TO: 404-651-1238; phone 404-651-1171**

## PART I – TO BE COMPLETED BY THE STUDENT

Name \_\_\_\_\_  
Last Name First Name Middle

Address \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip Code

First Term of Enrollment (circle year and term): 2005 / 2006 Fall / Spring / Summer

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(SSN Or number beginning with S or A)

Date of Birth: \_\_\_\_\_  
Month Day Year

Age at the time you will enter the program  
 \_\_\_\_\_

Student Signature: \_\_\_\_\_

## PART II – REQUIRED IMMUNIZATIONS

Must Be Completed And Signed AND STAMPED By Your Health Care Provider.

### A. Measles, Mumps Rubella. Required for students born in 1957 or later

1. **M.M.R. (Measles, Mumps, Rubella)**

- 2 Doses with the first dose at 12 months or later and the second at least 28 days after the first dose, Date of MMR#1: \_\_\_\_\_; MMR#2: \_\_\_\_\_. **OR**  
 Laboratory/serologic evidence of immunity (attach copy with titer and date)

**OR**

2. **Measles**

- 2 Doses with the first dose at 12 months or later and the second at least 28 days after the first dose, Date of Measles#1: \_\_\_\_\_; #2: \_\_\_\_\_. **OR**  
 Laboratory/serologic evidence of immunity (attach copy with titer & date)

**Mumps**

- 1 Dose at 12 months or later, Date of Mumps shot \_\_\_\_\_. **OR**  
 Laboratory/serologic evidence of immunity (attach copy with titer & date)

**Rubella**

- 1 Dose at 12 months or later, Date of Rubella shot \_\_\_\_\_. **OR**  
 Laboratory/serologic evidence of immunity (attach copy with titer & date)

**OR**

3. **Exemption**

- I was born before 1957, and therefore am exempt from this requirement

### B. Tetanus-Diphtheria (Td booster dose or Primary Series with DTaP, DTP or Td in the last ten years)

- One Td booster dose within the last ten years prior to matriculation, Date of booster: \_\_\_\_\_. **OR**  
 Primary Series of three doses with DTaP, DTP or TD within the last ten years prior to matriculation. Dates of 3 doses: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_.



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**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 verified by undersigned clinician; Disease Date \_\_\_\_\_, **OR**
- Laboratory/serologic evidence of immunity (attach copy with titer & date) **OR**
- 1 dose given at 12 months of age or later but before the student's 13<sup>th</sup> birthday,  
Date of shot: \_\_\_\_\_ **OR**
- 2 doses. Dose 1 given after the student's 13<sup>th</sup> birthday. 2<sup>nd</sup> dose at least one month after first dose, Date of 1<sup>st</sup> shot: \_\_\_\_\_; Date of 2<sup>nd</sup> shot: \_\_\_\_\_.

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

- 3 dose hepatitis B series, Dates of 3 shots: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_. **OR**
- 3 dose combined hepatitis A and hepatitis B series, Dates of 3 shots: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_. **OR**
- 2 doses hepatitis B series of Recombivax, Dates of 2 shots: \_\_\_\_\_; \_\_\_\_\_. **OR**
- Laboratory/serologic evidence of immunity or prior infection (attach copy with titer & date).

**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: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_\_\_

Original Medical Office Stamp MUST be stamped in box below or form will not be accepted:



**PART III – EXEMPTIONS**

I, \_\_\_\_\_ affirm by my signature below 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: \_\_\_\_\_

**OR**

I, \_\_\_\_\_ declare by my signature below that I will ONLY be enrolling in courses offered by distance learning, and therefore I will not be attending ANY classes on the GSU campuses. I understand that registering for a course offered on-campus or at a University owned or controlled facility void this exemption and I will be excluded from class until I provide proof of immunizations. *This Exemption must be requested for each new term of registration for off-campus courses.*

Signature: \_\_\_\_\_

**Parts I, II and III (PAGES 1 AND 2) are to be signed, stamped and submitted to the Immunizations Office. Meningitis Requirement forms are to be submitted to the Housing Office. Phone: 404-463-9052.**



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## FREQUENTLY REQUESTED INFORMATION AND CHECKLIST FOR SUBMITTING RECORDS FOR THE IMMUNIZATION REQUIREMENT

Revised 2/28/05

The Immunization Requirement may be satisfied several ways:

1. Documented vaccination records that show the date the shots were given and include the medical office signature and stamp (all shots must be given after 1<sup>st</sup> birthday);
2. Copy of a laboratory test (titer) result that shows positive immunity (equivocal titers are not acceptable proof of immunity);
3. Doctor or clinic record proof of the date the disease was diagnosed (Rubella disease diagnosis is not acceptable proof of immunity);
4. Notarized statement of exemption due to religious reasons (parental statement is not accepted because student must make own statement);
5. Physician's letter stating reason for Permanent Medical Exemption from receiving vaccines;
6. Physician's letter stating reason for Temporary Medical Exemption from receiving vaccines and the date the exemption will end—at expiration of the temporary exemption, the student must submit proof as in items 1 through 5.

Records of your shots may be requested from schools you have previously attended, from county health department records, from military records, or your physician. If you are unable to locate your shot records, but are certain that you had the shots, we recommend blood tests (titers) instead of repeating the shots. If the titer shows you are immune, then you have proven immunity. If the titer shows you are NOT immune, you will need shots.

Shots and tests may be obtained in the GSU Clinic if you prefer and if you have been admitted as a potential student. Prices for tests and shots vary but you can often find the best price at your county health department. Prices at GSU Clinic are as follows:

MMR blood test (titer)	\$43.00	MMR shot	\$41.00 (series of 2 shots, \$41 each)
Rubeola Measles titer	\$22.00	Rubeola Measles shot	\$20.00 (NO LONGER AVAILABLE)
Rubella titer	\$10.00	Rubella shot	\$20.00
Mumps titer	\$22.00	(Mumps shot available only within the MMR shot)	
		Tetanus/Diphtheria shot	\$20.00
Varicella Titer	\$22.00	Varicella shots	\$50.00 (series of 2 shots, \$50 each)
Hepatitis B Titer	\$23.00	Hepatitis B shot	\$40.00 (series of 3 shots, \$40 each)
		Meningitis shot	\$60.00

You may print out the 2005 Certificate of Immunization form to submit your records by going to our website at <http://www.gsu.edu/health>. Please click on "Immunization Form - Spring 2005" to view the form and click on "2005 Board of Regents Immunization Information" for some frequently asked questions. The GSU Clinic site has general information about hours and services.

Please contact the Immunizations Office at 404-651-1171 for assistance in completing the Immunization Requirement. You may FAX your records to 404-651-1238.

(PLEASE CONTINUE ON NEXT PAGE)



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## **BEFORE YOU SUBMIT YOUR RECORDS, PLEASE CHECK OFF THIS LIST:**

- Your demographic information is complete as follows:
  - FULL NAME
  - DATE OF BIRTH
  - SOCIAL SECURITY NUMBER OR APPLICANT NUMBER
  - ADDRESS
  - SEMESTER FOR WHICH YOU WISH TO REGISTER

If your original documentation does not show your demographic information, then please use the Certificate of Immunization form and have it completed by a medical professional, signed, dated and stamped.

- Your records have the medical office address stamp and signature!  
We need something to prove you did not complete the form or create the records yourself. If your doctor's office says they have no stamp, ask them to apply the address sticker used for mailing purposes, or to use their letterhead stationery to list your shots along with our Certificate of Immunization form, or to use their prescription pad to list your shots along with our Immunization form, or to fax the records directly to us using a fax cover sheet from their office. The date of the signature must be on or after the date of the shot being documented.
- Vaccination records are proven showing the dates of shots and at least the minimum doses and shots given at least 30 days apart.
- All shots given before the first birthday WILL NOT BE COUNTED because the CDC has established that they did not provide immunity. For this reason, if you submit shot records that do not show the exact date, it may not establish that shots were given after the first birthday, and the shots may not be counted.
- Your proof by laboratory test results shows immunity with a copy of the laboratory or titer results. We will not accept a Certificate of Immunization form as laboratory test results unless a copy of the test result is attached.
- If you were born before 1957, please submit records for Tetanus/Diphtheria and Varicella immunity only, and follow all the above guidelines.
- If you will be 19 years or older on January 10, 2005, please submit records for MMR, Tetanus/Diphtheria, and Varicella immunity, and follow all the above guidelines.
- If you will be 18 years or younger on January 10, 2005, please submit records for MMR, Hepatitis B, Tetanus/Diphtheria, and Varicella immunity, and follow all the above guidelines.

*Records will not be accepted without complete information. Please submit your records **BEFORE** you attend classes. Allow 4 business days from date of receipt for posting. If you submit an incomplete record it may take 14 days to complete your record and receive full clearance because of the extra time it takes to correspond with you and request corrections. Registration Holds cannot be released until all requirements have been completed.*

Thank You!