

**GEORGIA PERIMETER COLLEGE  
CERTIFICATE OF IMMUNIZATION**

**See the back of this form for immunization requirements and acceptable documentation.** Return documentation to Georgia Perimeter College, Office of Admissions, P.O. Box 89000, Atlanta, GA 30356 or contact a campus Enrollment and Registration Services office to fax. Keep a copy of the completed form for your records.

**STUDENT INFORMATION**

GPC-ID \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Term/Year of application \_\_\_\_\_ Age at time of application \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMMUNIZATION INFORMATION (See the reverse of this form for specific immunization requirements)**

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY		DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
MMR *	/ /	/ /			
Measles *	/ /	/ /			/ /
Mumps *	/ /	/ /			/ /
Rubella *	/ /	/ /			/ /
Varicella	/ /	/ /			(or history of varicella) / /
Tetanus-Diphtheria (DTP, DtaP, or TD within 10 years)	(most recent date) / /				
Hepatitis B **	/ /	/ /	/ /	Type series: <input type="checkbox"/> 2 dose series <input type="checkbox"/> 3 dose series	/ /

\* Not required if born before 1957.

\*\* Only required of students who are 18 years of age or younger at time of expected matriculation.

**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 immunizations until \_\_\_\_/\_\_\_\_/\_\_\_\_.

**CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Date of Issue \_\_\_\_\_

**EXEMPTIONS**

Check the appropriate box, sign, and date if you are claiming exemption of the immunization requirement for one of the following reasons:

☐ 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.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ 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.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## IMMUNIZATION REQUIREMENTS

According to the policies of the Board of Regents of the University System of Georgia, applicants who have not previously attended Georgia Perimeter College 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 Georgia Perimeter College.

Applicants **MUST SUBMIT ONE OF THE FOLLOWING** in order to document proof of required immunizations. No other documentation will be accepted.

- Georgia Perimeter College Certificate of Immunization
- Georgia County Health Department Immunization History Printout
- Georgia Department of Human Resources Certificate of Immunization (Form 3231)
- World Health Organization (WHO) Certificate of Immunization

### 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 <b>or</b> Laboratory/serologic evidence of immunity	Students born in 1957 or later
Mumps	Two (2) doses of live mumps 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 <b>or</b> 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) <b>or</b> Laboratory/serologic evidence of immunity	Students born in 1957 or later
Varicella (Chicken Pox)	Two (2) doses spaced at least 3 months apart if both doses are given before the student's 13 <sup>th</sup> birthday, <b>or</b> If first dose given after the student's 13 <sup>th</sup> birthday: Two (2) doses at least 4 weeks apart <b>or</b> Reliable history of varicella disease (chicken pox) <b>or</b> Laboratory/serologic evidence of immunity <b>or</b> History of herpes zoster (shingles)	All <u>U.S. born</u> students born in 1980 or later  All foreign born students regardless of year born
Tetanus, Diphtheria	One TD <b>booster</b> dose within 10 years prior to matriculation.  <i>Recommendation: Students who are unable to document a primary series of three (3) doses of tetanus-containing vaccine (DtaP, DTP, or Td) are <b>strongly advised</b> to complete a three-dose primary series with Td.</i>	All students
Hepatitis B	Three (3) dose hepatitis B series (0, 1-2, and 4-6 months) <b>or</b> Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months) <b>or</b> Two (2) dose hepatitis B series of Recombivax (0 and 4-6 months, given at 11-15 years of age) <b>or</b> Laboratory/serologic evidence of immunity or prior infection	<b>Required</b> for all students who will be 18 years of age or less at time of expected matriculation.  <i>Recommendation: It is <b>strongly recommended</b> that all students, regardless of their age at matriculation, discuss hepatitis B immunization with their health care provider.</i>

### 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), <b>or</b> Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months)