



MANDATORY CERTIFICATE OF IMMUNIZATION

All fields must be completed

**Admissions
3175 Cedartown Hwy
Rome, GA 30161
Fax: 706-295-6341**

Name _____ Social Security Number _____

Date of Birth _____ GHC Student ID Number _____

Required Immunizations– The Board of Regents requires each entering student born in 1957 or later to show proof of immunization to Measles, Mumps and Rubella, Varicella (chicken pox), and have a current Tetanus shot. Students 18 or younger at the time of matriculation are also required to show proof of Hepatitis B immunizations. All students regardless of age are required to show proof of a tetanus shot within the last ten years.

IMMUNIZATION INFORMATION

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	LABORATORY RECORD
MMR	/ /	/ /		
Measles	/ /	/ /		/ /
Mumps	/ /	/ /		/ /
Rubella	/ /	/ /		/ /
Varicella (Chicken pox)	/ /	/ /	(History of disease) / /	/ /
Tetanus- Diphtheria	(Most recent date) / /			
Hepatitis B	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series

- This student is exempt from the above immunization on grounds of permanent medical condition.
 This student is temporarily exempt from the above immunization until _____.

Immunization status indicated above is certified by:

Signature of physician or health facility official _____ Date _____ Name and address of Healthcare provider _____

- Distance Learning: I affirm that I will be enrolling ONLY in courses offered by distant 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 immunization.
- Religious exemption: I affirm that immunization as required by the University System of Georgia is in conflict with my religious beliefs. I understand that exemption for any of the reasons listed above subjects me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

Student Signature _____

Although not required, GHC strongly recommends that students get the Meningococcal shot required by 4-yr institutions.
 The information on this form is confidential and will be used only in matters concerning your health.

NOTE: It is recommended that the student keep a copy for their personal records.