



**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	/ /	/ /		(or history of disease) / /
Tetanus- Diphtheria	(Most recent date) / /			
Hepatitis B	/ /	/ /	/ /	/ /

- 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 photocopy for future use.**