University of North Georgia
Certificate of Immunization

As part of the University System of Georgia, UNG requires immunizations of all students. Students may also choose to use their own healthcare provider's form. Because some vaccinations may require up to six months to complete, students are highly encouraged to have this form completed as soon as possible. Once completed, return the form to the appropriate office listed below prior to orientation or enrollment.

Campus	send completed form to:	For questions	
Cumming, Gainesville, and Oconee	Registrar's Office	Fax: 678-717-3966 Email: immunizations@ung.edu	678-717-3965
Dahlonega	Student Health Services	Fax: 706-864-1448 Email: stuhealth@ung.edu	706-864-1948

STUDENT INFORMATION

Name: (Last)________________(First)________________(Middle)____________

Social Security Number/Student ID: ________________ Date of Birth: _____/_____/________

Age at time you will begin classes at North Georgia: _____ Term of Application (please circle): Fall Spring Summer of 2_______

REQUIRED IMMUNIZATION INFORMATION

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
MMR 1	/ /	/ /			
Measles 1	/ /	/ /			/ /
Mumps 1	/ /	/ /			/ /
Rubella 1	/ /	/ /			/ /
Varicella 3	/ /	/ /		(or history of Varicella) / /	
Tetanus-Diphtheria Pertussis (Whooping Cough) 4	/ /	/ /			
Hepatitis B 2	/ /	/ /	/ /	Type Series: ☐ 2 Dose Series ☐ 3 Dose Series	/ /

1 – Not required if born before 1957
2 – Only required of students who are 18 years of age or younger at time of expected matriculation.
3 – Required for all US born students born in 1980 or later, all foreign born students regardless of year born.
4- Td booster only necessary if ≥ 10 years since Tdap dose.

Next dose of Hepatitis B is due ______/______/______

PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION

☐ This student is exempt from the above immunizations on the ground of permanent medical contraindication.

☐ This student is temporarily except from the above immunization until _____/_____/________.

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

Name: ____________________ Signature: ____________________

Address: ____

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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 immunization.

Student Signature: ______________________ Date: ____/____/______

Campus **send completed form to:** **For questions**

STUDENT INFORMATION

Name: (Last)____________________(First)____________________(Middle)______________

Social Security Number/Student ID: ______________________ Date of Birth: ____/____/______

Age at time you will begin classes at North Georgia: ______ Term of Application (please circle): Fall Spring Summer of 2________

RECOMMENDED IMMUNIZATION INFORMATION

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
Human Papillomavirus 5	/ /	/ /	/ /		
Hepatitis A 6	/ /	/ /	/ /	Type Series: ☐ 2 Dose Series ☐ 3 Dose Series	/ /
Meningococcal 7, 8	/ /	**MCV4 Booster 8** / /			
Influenza 6	/ /	/ /			

5 – Strongly recommended for all unvaccinated women through age 26 years.
6 – Strongly recommended but not required.
7 – Strongly recommended if younger than 21 years and unvaccinated.
8 – MCV4 Booster only necessary if younger than 21 years & initial MCV4 dose was received before age 16 years.

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

Name: ______________________ Signature: ______________________

Address: ____

Date of Issue: ____/____/______ Telephone: ______________________

Student Signature: ______________________ **Date:** ____/____/______

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