



If you have access to MyGeorgiaSouthern you may upload the form using the Eagle OSH (Health Center Online), or fax any required forms to 912-478-0792. For any questions, email: immunizations@georgiasouthern.edu

Name: \_\_\_\_\_ Eagle ID: \_\_\_\_\_
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
Phone: \_\_\_\_\_

CERTIFICATE OF IMMUNIZATION (REQUIRED)

Table with 3 columns: REQUIRED IMMUNIZATIONS, REQUIREMENT, and REQUIRED. Rows include MMR (Measles, Mumps, Rubella) combined shot, Measles (Rubeola), Mumps, Rubella (German Measles), Varicella (Chicken Pox), Tetanus-Diphtheria-Pertussis (Whooping Cough) or Td booster, Hepatitis B, and Tuberculosis screening.

STRONGLY RECOMMENDED IMMUNIZATIONS

Table with 3 columns: Immunization Name, Requirement, and Required. Rows include Hepatitis A, Human Papillomavirus (HPV), Meningitis (A,C,Y,W135), Meningitis B, and Other vaccines.

REQUEST FOR EXEMPTION

Religious Exemption - In the event of an outbreak, exempted persons may be subject to exclusion from school and to quarantine, until proof of vaccination(s) is provided. If religious exemption is required, please sign here - Student Signature: \_\_\_\_\_

Please print and sign before submitting if applicable.

REQUIRED SIGNATURE OF PHYSICIAN OR HEALTH FACILITY

Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Please print and sign before submitting.

# IMMUNIZATION REQUIREMENTS

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

- Georgia Southern University Certificate of Immunization
- Georgia Registry of Immunization Transactions and Services (GRITS) printout
- World Health Organization (WHO) Certificate of Immunization
- Georgia County Health Department Immunization History Printout
- Georgia Department of Human Resources Certificate of Immunization (Form 3231)
- University System of Georgia Institution 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 the first dose at 12 months of age or later and the second dose at least 28 days after the first dose <b>OR</b> laboratory or serologic evidence of immunity	Students born in 1957 or later
Mumps	One dose at 12 months of age or later & second dose 28 days after first dose (MMR meets this requirement) <b>OR</b> laboratory or 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 or serologic evidence of immunity.	Students born in 1957 or later
Varicella (Chicken Pox)	(2) doses spaced at least 3 months apart if both doses are given before the student's 13 <sup>th</sup> birthday or 2 doses at least 4 weeks apart, if first dose is given after the student's 13 <sup>th</sup> birthday or reliable history of varicella disease (chicken pox) or laboratory/serologic evidence of immunity or 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
Tdap (must be administered on or after 6/10/2005)	All students must have one dose of Tdap or 1 dose of Td if it has been 10 years or more since receiving Tdap.	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 or serologic evidence of immunity.	Required for all students who will be 18 years of age or less at the time of expected enrollment. <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>
TB Screening	Completion of GSU TB screening questionnaire is required.	All students
Meningococcal Vaccine (Strongly Recommended for all students under the age of 22)	Menactra or Menveo (MCV4) <b>OR</b> Menactra or Menveo Booster (If first dose more than 5 yrs prior to admittance)	<ul style="list-style-type: none"> <li>• All newly admitted GSU students living in Campus Housing, or Sorority or Fraternity Houses.</li> <li>• <b>NOTE:</b> A student may sign a statement of understanding in lieu of providing proof of immunization.</li> </ul>

## ADDITIONAL IMMUNIZATION RECOMMENDATIONS - NOT REQUIRED

Vaccine	Recommendation
Influenza	Annual vaccination at the start of influenza season (August-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)
Other Vaccines	Other vaccines may be recommended for students with underlying medical conditions and students planning international travel. Students meeting these criteria should consult with their physicians or health clinic regarding additional vaccine recommendations.
Human Papillomavirus	3 dose HPV series. Dose #2 is given 4-8 weeks after dose #1 and dose #3 is given 6 months after dose #1 (at least 10 weeks after dose #2)

EMAIL ANY QUESTIONS TO [IMMUNIZATIONS@GEORGIASOUTHERN.EDU](mailto:IMMUNIZATIONS@GEORGIASOUTHERN.EDU)