

# GHC

GEORGIA HIGHLANDS COLLEGE

## REQUIRED CERTIFICATE OF IMMUNIZATION

Return documentation to the college or university that you are applying to. Retain a copy of the completed form for your records.

### STUDENT INFORMATION

Student ID: \_\_\_\_\_  
 Name: (Last) Doe (First) John (Middle) \_\_\_\_\_  
 Address: 123 Main St  
 City: Rome State: GA Country: USA Zip Code: 30161  
 Term/Year of Application: 23 Age at time of application: 21 Date of Birth: 1/1/00

### REQUIRED IMMUNIZATION INFORMATION (See the Immunization Requirements & Recommendations for USG Students documentation)

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
MMR <sup>1</sup>	1/1/01	8/19/02			
Measles <sup>1</sup>	1/1	1/1			1/1
Mumps <sup>1</sup>	1/1	1/1			1/1
Rubella <sup>1</sup>	1/1	1/1			1/1
Varicella <sup>3</sup>	2/5/20	7/22/20		(or history of Varicella) 1/1	
Tetanus-Diphtheria Pertussis (Whooping Cough) <sup>4</sup>	8/2/13 Tdap	8/2/23 Td Booster			
Hepatitis B <sup>2</sup>	12/1/01	2/10/02	7/3/02	Type Series: <input type="checkbox"/> 2 Dose Series <input checked="" type="checkbox"/> 3 Dose Series	1/1

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.

### 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 immunization until \_\_\_\_\_.

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

Name: Jane Doe Signature: [Signature]  
 Address: 234 Main St Rome, GA 30161  
 Date of issue: 7/12/23 Telephone: 111-111-1111