GAINESVILLE STATE COLLEGE CERTIFICATE OF IMMUNIZATION

(Students are recommended to keep a photocopy of this completed form for future use.)

ATTENTION – The Gainesville State College Admissions Office must receive this form completed and signed before permitted to register for class. Mail to: Gainesville State College, Office of Admissions, PO BOX 1358, Gainesville, GA 30503

Date of I	Birth:	Social Security Number:					
Address	:	City:		State:	Zip:		
PART B	: (REQUIRED IMMUNIZATIO	NS): TO BE COM	PLETED AND SIGNE	ED BY A HEAL	TH CARE PROVIDE	R.	
1. Mea I. OR II.	asles, Mumps, Rubella. Required MMR (Measles, Mumps, and Ru Two doses with the first dose a Laboratory / serologic evidence Measles Two doses with the first dose a Laboratory / serologic evidence	at 12 month of age of the original original of the original	r later, AND the second or later, AND the second	·			
	MumpsOne dose with the first dose atLaboratory / serologic evidence		later, OR				
OR III.	Rubella One dose with first dose at 12 Laboratory / serologic evidence Exemption I was born before 1957, and the	e immunity					
2. Teta	anus-Diphtheria-REQUIRED OF One Td booster dose within th Completion of primary series	ALL STUDENTS e last 10 years prior	(Td booster dose in the	-		DTaP, DTP or To	
	ricella (Either history of chicken per age 13. History of disease Yes Laboratory / serologic evidence One dose given at 12 months of Two doses with the fist dose g I am a U.S. born student born	No e of immunity, OR of age or later, BUT iven after the studen	before the student's 13 th t's 13 th birthday, AND t	birthday, OR he second dose	at one month after the fi		
-	patitis B – Required of all students (body). Three-dose hepatitis B series, of three-dose combined hepatitis Two doses hepatitis B series of Laboratory / serologic evidence I am 19 years of age or older a	OR A and hepatitis B sof Recombivax, OR e of immunity or pri	of age or younger (Threries, OR or infection	ee doses of vaco	cine or a positive Hepa	titis surface	
5. Exe	mptionThis student is exempt from thThis student is temporarily exe				ntraindication		
Health C	Care Provider – Immunization statu	is indicated above is	certified by:				
Name an	d address of health care provider		Signature of physi	cian or health ca	are provider	Date	
	eligious exemption – I affirm that in inderstand that I am subject to exclu						
S	tudent Signature		Date				