



Intensive English Program Immunization Form

Last Name: _____ First Name: _____ Date of Birth: _____
Month / Day / Year

All students entering Kennesaw State University's Intensive English Program must show proof of immunity to measles, mumps, rubella, varicella (chicken pox), tetanus, diphtheria, and pertussis (whooping cough). All students 18 years old and younger must show proof of 3 hepatitis B immunizations. Students living in the dorms are required to receive one meningitis immunization. A nurse practitioner or physician must complete and sign the form below.

	MMR	Measles	Mumps	Rubella	Dtap (diphtheria, tetanus, pertussis)	Varicella	Hepatitis B (18 & younger)	Meningitis (dorm residents)
Date of Immunization	#1 _____ #2 _____				Within the last 10 years _____	#1 _____ #2 _____	#1 _____ #2 _____ #3 _____	
Date of Disease					N/A			
Date of Titer					N/A			
Temporary Medical Exemption & date it will end								
Permanent Medical Exemption – attach explanation								

Name of Health Care Provider: _____

Address of Health Care Provider: _____

Phone Number of Health Care Provider: _____

Signature of Health Care Provider: _____ Date Signed: _____
Month / Day / Year

Religious Exemption: I affirm that immunizations are in conflict with my religious beliefs. I understand that I may be subject to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

Signature (only if declaring religious exemption): _____ Date: _____
Month / Day / Year

Return completed form to: Intensive English Program, 1000 Chastain Rd., MD 2701, Kennesaw, GA 30144
Fax to: 770-794-7705
Email to: iep@kennesaw.edu