Albany State University
University System of Georgia

# Immunization Form

**Office of Admissions and Recruitment**

**LOCATION** • **ADDRESS** 504 College Drive • Albany, GA 31705

**PHONE** 229.500.4358 • **FAX** 229.500.4946 • **WEB** www.asurams.edu/ student-affairs/health-services

***ALL FORMS MUST BE COMPLETED IN ENGLISH***

Questions can be emailed to admissions@asurams.edu or you may call us at 229.500.4358.

| Date |
|---|
| ____/____/____ |
| ACCEPTED TERM/YEAR |
| _____/_____ |

NAME _____ ASU STUDENT ID NUMBER _____

ADDRESS _____

DATE OF BIRTH _____ AGE _____ PHONE _____

## CERTIFICATE OF IMMUNIZATIONS (REQUIRED)

| REQUIRED IMMUNIZATIONS | REQUIREMENT | | REQUIRED FOR: |
|---|---|---|---|
| **MMR (Measles, Mumps, Rubella) combined shot** | • 2 Doses | #1____/____/____<br>#2____/____/____ | • **Students born in 1957 or later and all foreign born students, regardless of year born** |
| **OR** | | **OR** | |
| • Measles (Rubella) | • 2 Doses | #1____/____/____<br>#2____/____/____ | • **Students born in 1957 or later**<br>• *Attach titer results with lab values. If antibody titer does not indicate immunity, injection series required.* |
| | • **or Titer** | ____/____/____ | |
| **and** | | **and** | |
| • Mumps | • 2 Doses | #1____/____/____<br>#2____/____/____ | • **Students born in 1957 or later**<br>• *Attach titer results with lab values. If antibody titer does not indicate immunity, injection series required.* |
| | • **or Titer** | ____/____/____ | |
| **and** | | **and** | |
| • Rubella (German Measles) | • 1 Dose<br>• **or Titer** | #1____/____/____<br>____/____/____ | • **Students born in 1957 or later**<br>• *Attach titer results with lab values. If antibody titer does not indicate immunity, injection series required.* |
| **Varicella (Chicken Pox)** | • 2 Doses<br>• **or** History of chicken pox (verified by MD) **or** shingles<br>• **or Titer** | #1____/____/____<br>#2____/____/____<br>____/____/____<br>____/____/____ | • **All *U.S. born* students born in 1980 or later and *all foreign* born students, regardless of year born**<br>• *Attach titer results with lab values. If antibody titer does not indicate immunity, injection series required.* |
| **Tetanus-Diphtheria-Pertussis (Whooping Cough) or Td booster** | • Tdap **(Required)**<br>• Td Booster | ____/____/____<br>____/____/____ | • **All students must have one dose of Tdap and One Td booster if it has been ≥10 years after receiving Tdap** *(A single dose of Tdap is recommended to replace a single dose of Td.)* |
| **Hepatitis B** | • 3 Dose series<br>• **or Titer** | #1____/____/____<br>#2____/____/____<br>#3____/____/____<br>____/____/____ | • **All students 18 years of age and under at matriculation**<br>• *Attach titer results with lab values. If antibody titer does not indicate immunity, injection series required.* |
| **Tuberculosis screening** | • **All students**, must complete TB screening questionnaire | | • **If the answer to any of the TB screening questions is "YES", must complete TB Risk Assessment, Part II – to be completed by a physician** |

## RECOMMENDED IMMUNIZATIONS

| | | | | |
|---|---|---|---|---|
| Hepatitis A | 2 Doses | #1 ____/____/____ | #2 ____/____/____ | |
| Human Papillomavirus (HPV-Gardasil) | 3 Doses | #1 ____/____/____ | #2 ____/____/____ | #3 ____/____/____ |
| Meningitis (A, C, Y, W) | | #1 ____/____/____ | #2 ____/____/____ | |
| Meningitis B | 2 or 3 Doses | #1 ____/____/____ | #2 ____/____/____ | #3 ____/____/____ |
| Other vaccines: | _____ | ____/____/____ | _____ | ____/____/____ |

## REQUEST FOR EXEMPTION

PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION (check appropriate area)

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

❑ This student is temporarily exempt from the above immunization until_____/_____/_____.

**Exemptions and Waivers** — 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 you begin taking courses **"on campus"**, you will no longer be "exempt" and will be required to submit your immunization form.

If religious exemption is required, please sign here **and notarize below** — _____
STUDENT SIGNATURE

If you declare that you are enrolling in **ONLY** courses offered by distance learning, please sign here — _____
STUDENT SIGNATURE

If you are living on campus, declining to be immunized against Meningococcal disease, and requesting a wavier for not obtaining the Meningitis vaccine, please sign here — _____ and complete the **Meningococcal Vaccine Declination Form.**
STUDENT SIGNATURE

## REQUIRED SIGNATURE OF PHYSICIAN OR HEALTH FACILITY

**Notary - Stamp Here:**

NAME _____

ADDRESS _____

(_____)_____–_____ PHONE NUMBER

_____/_____/_____ DATE

SIGNATURE (PHYSICIAN OR HEALTHCARE FACILITY, PLEASE PRINT & SIGN BEFORE SUBMITTING) _____

**PHYSICIAN OR HEALTH FACILITY SIGNATURE IS REQUIRED ON THIS FORM.**