



COLUMBUS STATE UNIVERSITY CERTIFICATE OF IMMUNIZATION

See the back of this form for immunization requirements and acceptable documentation. **This form must be completed by a Health Care Provider.** Return documentation to Columbus State University, Enrollment Services, 4225 University Avenue, Columbus, GA 31907 or fax to (706) 568-2462.

STUDENT INFORMATION

Social Security Number/Student ID (for institutional purposes only) _____ - _____ - _____

Name _____
Last
First
Middle

Address _____

City _____ State _____ Zip _____

Term/Year of application _____ Age at time of enrollment _____ Date of Birth ____/____/____

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE OF POSITIVE LAB/SERLOGIC EVIDENCE
MMR (not req. if born before 1957)	/ /	/ /			
Measles (not req. if born before 1957)	/ /	/ /			/ /
Mumps (not req. if born before 1957)	/ /	/ /			/ /
Rubella (not req. if born before 1957)	/ /	/ /			/ /
Varicella (not req. if born before 1980)	/ /	/ /			(or history of varicella) / /
Tetanus-Diphtheria (DTP, DtaP, or Td) <small>Date must be within 10 years</small>	Tdap / /	Td Booster 4 / /			
Hepatitis B (not req. if 19 yrs. of age at time of enrollment)	/ /	/ /	/ /	Type series <input type="checkbox"/> 2 dose series <input type="checkbox"/> 3 dose series	/ /

EXEMPTIONS

TEMPORARY:

- This student is exempt from the above immunizations on the grounds of permanent medical contraindication.
- This student is temporarily exempt from the above immunizations until ____/____/____.

PERMANENT:

- I affirm that immunization as required by the University System of Georgia is in conflict with my religious beliefs. I understand that I am subject to exclusion in the event of an outbreak of a disease for which immunization is required.

Student signature _____ Date _____

- I declare that I will be enrolling in an online degree program at CSU. I understand that if I register for a course that is offered on campus or at a campus-managed facility, this exemption becomes void and I must provide proof of immunization.

Student signature _____ Date _____

CERTIFICATION OF HEALTH CARE PROVIDER (This information must be completed by a health care professional.)

Name of Health Care Organization _____ Signature _____

Address _____ Date of Issue ____/____/____ Telephone _____

IMMUNIZATION REQUIREMENTS

According to the policies of the Board of Regents of the University System of Georgia, applicants who have not previously attended Columbus State University must submit proof of all required immunizations certified by a health official.

Applicants may obtain vaccinations by visiting their family physician, local health department, or the Columbus State University Student Health Clinic.

PROOF OF IMMUNIZATION OR NATURALLY-ACQUIRED IMMUNITY - REQUIRED

VACCINE	REQUIREMENT	REQUIRED FOR:
Measles (Rubeola)	Two (2) doses of live measles containing vaccine (combined measles-mumps-rubella or "MMR" meets this requirement), with first dose at 12 months of age or later and second dose at least 28 days after the first dose Or Laboratory/serologic evidence of immunity	Students born in 1957 or later
Mumps	Two (2) doses of live mumps containing vaccine (combined measles-mumps-rubella or "MMR" meets this requirement), with first dose at 12 months of age or later and second dose at least 28 days after the first dose Or Laboratory/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) Or Laboratory/serologic evidence of immunity	Students born in 1957 or later
Varicella (Chicken Pox)	Two (2) doses spaced at least 3 months apart if both doses are given before the student's 13th birthday Or Two (2) doses at least 4 weeks apart, if first dose given after the student's 13th birthday Or Reliable history of varicella disease ("chicken pox") Or Laboratory/serologic evidence of immunity Or History of herpes zoster (shingles)	All U.S. born students during or after 1980 All foreign-born students regardless of year
Tetanus, Diphtheria	One Td booster dose within 10 years prior to matriculation. Recommendation: Students who are unable to document a primary series of three (3) doses of tetanus-containing vaccine (DtaP, DTP, or Td) are strongly advised to complete a three-dose primary series with Td.	All students
Hepatitis B	Three (3) dose hepatitis B series (0, 1-2, and 4-6 months) Or Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, an 6-12 months) Or Two (2) dose hepatitis B series of Recombivax (0 and 4-6 months, given at 11-15 years of age) Or Laboratory/serologic evidence of immunity or prior infection	Required for all students who will be 18 years of age or younger at time of expected matriculation. Continued below.... Recommendation: It is <i>strongly recommended</i> that all students, regardless of their age at matriculation, discuss hepatitis B immunization with their health care provider. Entire series must be taken in increments as directed by Physician or Health Department.

ADDITIONAL IMMUNIZATIONS STRONGLY RECOMMENDED – NOT REQUIRED

VACCINE	RECOMMENDATION
Meningococcal quadrivalent polysaccharide vaccine (required for on-campus housing)	One (1) dose within 5 years prior to matriculation
Influenza	Annual vaccination at the start of influenza season (October-March)
Hepatitis A	Two (2) dose hepatitis A series (0 and 6-12 months), Or Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months)
Human Papillomavirus (HPV)	Three (3) dose HPV series. Dose #2 given 4-8 wks after dose #1, and dose #3 is given 6 months after dose #1 (at least 10 wks after dose #2). This vaccine is strongly recommended for all unvaccinated women through age 26.
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.