

CERTIFICATE OF REQUIRED IMMUNIZATIONS

Please upload completed forms at www.immunizations.health.gatech.edu

Please read ALL instructions below. Your records MUST meet these criteria to satisfy the requirements.

Semester Beginning: _____ Birth Date: _____ Country of Birth: _____

GT ID#: _____ Cell Phone #: _____ Email: _____

Name (Last, First, Middle) _____

Address: _____ City: _____ State: _____ Zip Code: _____ Country: _____

Vaccine	Injection 1 Date MM/DD/YYYY	Injection 2 Date MM/DD/YYYY	Injection 3 Date MM/DD/YYYY	OR	Date of Positive Lab/ Serologic Evidence(titer) ⁶
MMR (Measles, Mumps, Rubella) ¹ or Measles ¹ + Mumps ¹ + Rubella ¹	/ /	/ /			
	/ /	/ /			/ /
	/ /	/ /			/ /
	/ /				/ /
Varicella ² History of Disease Not Accepted	/ /	/ /			/ /
Tetanus-Diphtheria-Pertussis (Whooping Cough) ³	/ / Tdap (required) Age 10 or above	/ / Booster Td or Tdap (Circle One)			
Hepatitis B ⁴ 3 dose Hep B or 2 dose Heplisav or Twinrix (Circle One)	/ /	/ /	/ /		/ /
Meningococcal ACWY ⁵ (Menactra or Menveo)	/ /	/ /			
Tuberculosis Screening (must be done within 6 months of the start of class)	U.S./Canadian Born Students - Complete Page 4 (TB Assessment, required) and Page 6 (Skin Test, if TB Assessment indicates at risk) International Born Students - Complete a QuantiFERON blood test (submit official lab report). If QuantiFERON test is positive Chest x-ray performed in the US is required. QuantiFERON must be performed on the same day any live vaccines are administered or at least 28 days after any live vaccines are administered.				

1-US/Canadian born students born in 1957 or later; All foreign born students regardless of year born; First dose must be after first birthday.

2-US/Canadian born students born in 1980 or later; All foreign born students regardless of year born; First dose must be after first birthday. History of disease not accepted.

3-**One dose of Tdap after 10th birthday is required for all students**; Td booster needed only if > 10 years since last Tdap or Td.

4-Hepatitis B vaccine or Hepatitis A-Hepatitis B (Twinrix) vaccine accepted. 0, 1, and 6 month schedule preferred.

5-**Vaccine required for all students under age 22. If vaccine given before 16th birthday, a booster dose on or after the 16th birthday is required.** This is not the same vaccine as the Meningococcal B vaccine (see recommended vaccines page).

6-Upload antibody titer reports; must be on lab letterhead or printed from an electronic medical record; must be in English and include definitive lab values with reference values. Lab/serologic evidence indicating immunity may be used in lieu of injections to verify immunity if immunization records incomplete.

SIGNATURE OF HEALTH CARE PROVIDER AND DATE REQUIRED	
Name: _____ Signature: _____ Phone: _____ Date: _____	<div style="border: 1px solid black; height: 100px; margin: 0 auto; width: 100%;"></div> <p style="margin: 0;">PHYSICIAN OFFICE STAMP</p>