

K 23125



CERTIFICATE OF RECOMMENDED AND TRAVEL IMMUNIZATIONS

These immunizations are not required but recommended in some situations

Please add COVID-19 vaccination info if you have received this vaccine

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

RETAIN A COPY OF THE COMPLETED FORM FOR YOUR RECORDS

Semester Beginning: _____ Country of Birth: 5/16/83
GT ID#: Young, Alex Cell Phone #: _____ Email: _____
Name (Last, First, Middle) _____
Address: _____ City: _____ State: _____ Country: _____
Zip Code: _____ Birth Date: _____

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY
COVID-19 <i>Pfizer</i>			
<i>Moderna</i>			
<i>Johnson & Johnson</i>			
<i>Other: Brand Name</i>			
HPV 4 or 9 (circle one)			
Meningococcal B			
<i>Not Menactra or Menveo</i>			
<i>Bexsero</i>			
<i>Trumenba</i>			
Hepatitis A			
Pneumonia			
Pneumovax Or Prevnar (Circle One)			
Yellow Fever			
Typhoid			
Oral or Injection (Circle One)			
Polio Adult booster			
Japanese Encephalitis			
Rabies			
Annual Influenza			

CERTIFICATION OF HEALTHCARE PROVIDER

Name: _____

Signature: William Getman

Phone: _____ Date: 8/18/2022

William Getman, MD
Austin Regional Clinic
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Austin, Tx 78731
(512) 346-6611