

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: _____

GT ID#: _____ 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: _____

Phone: _____ Date: _____

Physician Office Stamp