

## CERTIFICATE OF REQUIRED IMMUNIZATIONS

Please upload completed forms at [www.immunizations.health.gatech.edu](http://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) <sup>6</sup>
MMR (Measles, Mumps, Rubella) <sup>1</sup> <b>or</b> Measles <sup>1</sup> + Mumps <sup>1</sup> + Rubella <sup>1</sup>	/ /	/ /			
	/ /	/ /			/ /
	/ /	/ /			/ /
	/ /				/ /
Varicella <sup>2</sup> History of Disease Not Accepted	/ /	/ /			/ /
Tetanus-Diphtheria-Pertussis (Whooping Cough) <sup>3</sup>	/ / Tdap (required) Age 10 or above	/ / Booster Td or Tdap (Circle One)			
Hepatitis B <sup>4</sup> 3 dose Hep B or 2 dose Heplisav or Twinrix (Circle One)	/ /	/ /	/ /		/ /
Meningococcal ACWY <sup>5</sup> (Menactra or Menveo)	/ /	/ /			
Tuberculosis Screening (must be done within 6 months of the start of class)	<b>U.S./Canadian Born Students</b> - Complete Page 4 (TB Assessment, required) and Page 6 (Skin Test, if TB Assessment indicates at risk) <b>International Born Students</b> - 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 <b>or</b> 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	
<b>Name:</b> _____ <b>Signature:</b> _____ <b>Phone:</b> _____ <b>Date:</b> _____	<div style="border: 1px solid black; height: 100px; margin: 0 auto; width: 100%;"></div> <p style="color: #cccccc; font-weight: bold; margin: 0;">PHYSICIAN OFFICE STAMP</p>