



## 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: August 2017 Birth Date: 11/14/1998 Country of Birth: USA  
GT ID#: 103310346 Cell Phone #: 610-858-1821 Email: jake.m.owens@gmail.com  
Name (Last, First, Middle) Owens, Jacob, Moore  
Address: 230 Rose Garden Ln City: Alpharetta State: GA Zip Code: 30009 Country: USA

Vaccine	Date MM/DD/YYYY	Date MM/DD/YYYY	Date MM/DD/YYYY		Date of Positive Lab/ Serologic Evidence(titer) <sup>6</sup>
MMR (Measles, Mumps, Rubella) <sup>1</sup>  or  Measles <sup>1</sup> + Mumps <sup>1</sup> + Rubella <sup>1</sup>	<u>02/18/00</u>	<u>04/09/04</u>			
	/ /	/ /			/ /
	/ /	/ /			/ /
	/ /				/ /
Varicella <sup>2</sup> History of Disease Not Accepted	<u>02/18/00</u>	<u>08/25/09</u>			/ /
Tetanus-Diphtheria- Pertussis (Whooping Cough) <sup>3</sup>	<u>05/08/14</u> Tdap (required)	/ / Booster Td or Tdap (Circle One)			
Hepatitis B <sup>4</sup> Hep B or Twinrix (Circle One)	<u>12/17/98</u>	<u>08/23/99</u>	<u>01/18/01</u>		/ /
Meningococcal ACWY <sup>5</sup> (Menactra or Menveo)	<u>05/19/11</u>	<u>Menveo</u> <u>09/08/16</u>			
Tuberculosis Screening (must be done within 6 months of the start of class)	<b>U.S./Canadian Born Students</b> - Complete Page 2 (TB Assessment, required) and Page 3 (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.				

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 11th 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

Scott Parsons, MD

Name: Scott Parsons  
Signature: Scott Parsons MD  
Phone: \_\_\_\_\_ Date: 6/21/2017

Kaiser Permanente - Alpharetta  
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