

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: August 2017 Birth Date: 11/14/1998 Country of Birth: USA
 GT ID#: 403310346 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) ⁶
MMR (Measles, Mumps, Rubella) ¹ or Measles ¹ + Mumps ¹ + Rubella ¹	<u>02 / 18 / 00</u>	<u>04 / 09 / 04</u>		
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	/ /			/ /
Varicella ² History of Disease Not Accepted	<u>02 / 18 / 00</u>	<u>08 / 25 / 09</u>		/ /
Tetanus-Diphtheria- Pertussis (Whooping Cough) ³	<u>05 / 08 / 14</u> Tdap (required)	/ / Booster Td or Tdap (Circle One)		
Hepatitis B ⁴ Hep B or Twinrix (Circle One)	<u>12 / 17 / 98</u>	<u>08 / 23 / 99</u>	<u>01 / 18 / 01</u>	/ /
Meningococcal ACWY ⁵ (Menactra or Menveo)	<u>05 / 19 / 11</u>	<u>09 / 08 / 16</u> <i>Menveo</i>		
Tuberculosis Screening (must be done within 6 months of the start of class)	U.S./Canadian Born Students - Complete Page 2 (TB Assessment, required) and Page 3 (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.			

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	
Name: <u>Scott Parsons</u>	Scott Parsons, MD Kaiser Permanente - Alpharetta 3550 Preston Ridge Rd Alpharetta, Ga 30005 404-365-0966
Signature: <u>[Signature]</u>	
Phone: _____ Date: <u>6/21/2017</u>	