



CERTIFICATE OF IMMUNIZATION

Return To: Thomas University
Office of Student Life
University Housing
1501 Millpond Road
Thomasville, GA 31792

or FAX: 229-584-2434

PART I – TO BE COMPLETED BY THE STUDENT

Social Security Number: _____ - _____ - _____

Name: _____
Last Name First Name Middle Initial

Address: _____
Street City State Zip

Age: _____ at time you enter college **Date of Birth** ____/____/____
MM DD YR

Signature: _____

PART II – EXEMPTIONS

Complete this section only if you qualify for and choose the exemption.

_____ **Religious Exemption:** I affirm that immunization as required by Thomas University is in conflict with my religious beliefs. I understand that I am subject to exclusion in the event of an outbreak of a disease for which immunization is required.

_____ **Distance Learning Exemption:** I declare that I will be enrolling in ONLY classes offered by distance learning. I understand if I enroll in campus-based courses, this exemption becomes void and I will be required to provide proof of immunization.

*Nursing and Medical Laboratory Science students are not exempt from providing immunization records.

Signature: _____ **Date:** _____

PART II – TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER

Provider Name _____ Address _____

Signature _____ Phone (_____) _____

Date _____

Required Immunizations

A. Measles, Mumps Rubella. Required for students born in 1957 or later

(Please fill in date immunization was given in space provided.)

1. M.M.R. (Measles, Mumps, Rubella)

____ 2 Doses with the first dose at 12 months or later and the second at least 28 days after the first dose, **OR**

____ Laboratory/serologic evidence of immunity

OR

2. Measles

____ 2 Doses with the first dose at 12 months or later and the second at least 28 days after the first dose, **OR**

____ Laboratory/serologic evidence of immunity

Mumps

____ 1 Dose at 12 months or later, **OR**

____ Laboratory/serologic evidence of immunity

Rubella

____ 1 Dose with the first dose at 12 months or later

____ Laboratory/serologic evidence of immunity

OR

3. Exemption

____ I was born before 1957, and therefore am exempt from this requirement

B. Tetanus-Diphtheria (Td booster dose in the last ten years or Primary Series with DTaP, DTP or Td)

____ One Td booster dose within the last ten years prior matriculation, **OR**

____ Completion of primary series (DTaP, DTP or TD) within the last ten years prior to matriculation

C. Varicella (Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized after age 13 years.)

____ History of Disease Yes ____ No ____ , **OR**

____ Laboratory/serologic evidence of immunity, **OR**

____ 1 dose given at 12 months of age or later but before the student's 13th birthday,

OR

____ 2 doses. Dose 1 given after the student's 13th birthday.

____ 2nd dose at least one month after first dose.

D. Hepatitis B – Required of all students who are 18 years of age or younger. (Three doses of vaccine or a positive Hepatitis surface antibody) The HBV vaccination has been administered by:

____ 3 dose hepatitis B series, **OR**

____ 3 dose combined hepatitis A and hepatitis B series, **OR**

____ 2 doses hepatitis B series of Recombivax, **OR**

____ Laboratory/serologic evidence of immunity or prior infection

Exemption

____ This student is exempt from the above immunization on grounds of permanent medical contraindication.

____ This student is temporarily exempt from the above immunizations until

____/____/____

For more information about the Hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at www.cdc.gov .

E. Tuberculosis: PPD _____ Date _____ (if positive, CXR results _____ Date _____)

OR

Tuberculosis Screening Questionnaire

- Have you ever had a positive TB skin test? Yes No
- Have you ever had close contact with anyone who was sick with TB? Yes No
- Were you born in one of the countries listed below*? If yes, please CIRCLE the country. Yes No
- Has your primary residence been the US for less than 5 years? Yes No
- Have you ever been vaccinated with BCG (Bacille Calmette-Guérin) vaccine? Yes No

If the answer is YES to any of the above screening questions, please have your health care provider complete the TB Risk Assessment form.

If the answer is NO to all of the above questions, no further assessment is required.

*List of countries

Afghanistan	DR - Congo	Kazakhstan	Nepal	South Africa
Algeria	Cote d'Ivoire	Kenya	New Caledonia	Spain
Angola	Croatia	Kiribati	Nicaragua	Sri Lanka
Anguilla	Djibouti DPR -	Korea	Niger	Sudan
Argentina	Dominican Republic	Republic of Korea	Nigeria	Suriname
Armenia	Ecuador	Kuwait	Niue	Swaziland
Azerbaijan	Egypt	Kyrgyzstan	N. Mariana Islands	Syrian Arab
Republic				
Bahamas	El Salvador	Lao PDR	Pakistan	Tajikistan
Bahrain	Equatorial	Guinea	Latvia Palau	Tanzania UR
Bangladesh	Eritrea	Lesotho	Panama	Thailand
Belarus	Estonia	Liberia	Papua New Guinea	Timor-Leste
Belize	Ethiopia	Lithuania	Paraguay	Togo
Benin	Fiji	TFYR of Macedonia	Peru	Tokelau
Bhutan	French Polynesia	Madagascar	Philippines	Tonga
Bolivia	Gabon	Malawi	Poland	Tunisia
Bosnia & Herzegovina	Gambia	Malaysia	Portugal	Turkey
Botswana	Georgia	Maldives	Qatar	Turkmenistan
Brazil	Ghana	Mali	Romania	Tuvalu
Brunei	Darussalam	Guam Mauritania	Russian Federation	Uganda
Bulgaria	Guatemala	Mauritius	Rwanda	Ukraine
Burkina Faso	Guinea	Mexico	St. Vincent	Uruguay
Burundi	Guinea-Bissau	Micronesia	&The Grenadines	Uzbekistan
Cambodia	Guyana	Moldova-Rep	Sao Tome & Principe	Vanuatu
Cameroon	Haiti	Mongolia	Saudi Arabia	Venezuela
Cape Verde	Honduras	Montenegro	Senegal	Viet Nam
Central African Republic	India	Morocco	Seychelles	Wallis &
Futuna Islands				
Chad	Indonesia	Mozambique	Sierra Leone	W. Bank &
Gaza Strip				
China	IR - Iran	Myanmar	Singapore	Yemen
Colombia	Iraq	Namibia	Solomon Islands	Zambia
Comoros	Japan	Nauru	Somalia	Zimbabwe

Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population.

PART IV – TO BE COMPLETED AND SIGNED BY THE STUDENT (OR PARENT/GUARDIAN IF YOUNGER THAN 18)

The Georgia General Assembly passed legislation requiring public and non-public post-secondary educational institutions to give students residing in campus housing information about meningococcal disease and vaccine. Students are required to sign a document provided by the postsecondary institution stating that they have received a vaccination against meningococcal disease or reviewed the information and declined to be vaccinated. The governor signed the legislation on May 28, 2003; effective January 1, 2004 (Official Code of Georgia Annotated § 31-12-3.2). Please carefully read the information below and sign this form and return as directed.

Meningococcal Disease Facts

Meningococcal disease is a serious infection caused by bacteria, most commonly causing meningitis (an infection of the membranes that surround the spinal cord and brain) or sepsis (an infection of blood that affects many organ systems).

College freshmen, particularly those living in dorms, have a modestly increased risk of getting the disease compared with other persons of the same age. Up to 100 cases occur among the 15 million college students in the United States each year, with 5-15 deaths. However, the overall risk of disease, even among college students, is low.

Crowded living conditions and smoking (active or passive) are additional risk factors that are potentially modifiable.

Bacteria are spread from person-to-person through secretions from the mouth and nose, transmitted through close contact. Casual contact or breathing in the same air space is not considered sufficient for transmission.

Common symptoms include: stiff neck, headache, fever, sensitivity to light, sleepiness, confusion, and seizures. Invasive meningococcal disease, or blood infection with the organism, causes fever and rash.

The disease can be treated with antibiotics, but treatment must be started early. Even with treatment, some patients may die. Survivors may be left with a severe disability such as the loss of a limb.

A meningococcal polysaccharide vaccine is available for those who wish to pay for it.

Vaccine protects against 4 of the 5 most common types of meningococcal bacteria and protection typically lasts 3-5 years.

Vaccination may decrease the risk of meningococcal disease; however, it does not eliminate the risk because the vaccine does not protect against all types of meningococcal bacteria. Approximately 50-70% of disease among college students is likely to be vaccine-preventable.

Vaccine may be available at travel clinics, health departments, student health services, or through private providers. Prices may vary. (<http://www.cdc.gov/nip/publications/VIS/vis-mening.pdf>)

I have opted to receive the meningococcal polysaccharide vaccine

Signature

Date

I hereby certify that I have read this information and I have elected not to receive the meningococcal polysaccharide vaccine

Signature

Date