

UNIVERSITY SYSTEM OF GEORGIA
REQUIRED
CERTIFICATE OF IMMUNIZATION
(Return this to the institution)

Submit documentation to the college or university that you are applying to. Retain a copy of this completed form for your records.

STUDENT INFORMATION

Student ID: _____
 Name: (Last) ABDULQUDUS (First) ADIGUN (Middle) _____
 Address: 5760 JERMEERSON DR
 City: ATLANTA State: GA Country: _____ Zip Code: 30311
 Term/Year of Application: _____ Age at time of application: _____ Date of Birth: 07 / 31 / 1999

REQUIRED IMMUNIZATION INFORMATION (See the Immunization Requirements & Recommendations for USA Students documentation)

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
MMR ¹	/ /	/ /			
Measles ²	07 / 19 / 2018	/ /			/ /
Mumps ²	07 / 19 / 2018	/ /			/ /
Rubella ²	07 / 19 / 2018	/ /			/ /
Varicella ³	/ /	/ /		(or history of Varicella)	/ /
Tetanus-Diphtheria Pertussis (Whooping Cough) ⁴	Tdap	Td Booster ⁴			/ /
Hepatitis B ²	/ /	/ /	/ /	Type Series: ☐ 2 Dose Series ☐ 3 Dose Series	/ /

¹ - Not required if born before 1957. ² - Only required of students who are 18 years of age or younger at time of expected matriculation. ³ - Required for all US born students born in 1980 or later, all foreign born students regardless of year born. ⁴ - Td booster only necessary if >10 years since Tdap dose.

PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION

- ☐ This student is exempt from the above immunizations on the ground of permanent medical contraindication.
☐ This student is temporarily exempt from the above immunization until ____/____/____.

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name: Toungy King Signature: _____
 Address: _____
 Date of Issue: 07 / 19 / 2018 Telephone: _____

EXEMPTIONS

Check the appropriate box, sign, and date if you are claiming exemption of the immunization requirement for one of the following reasons:

- ☐ I affirm that immunization as required by the University System of Georgia 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.
 Student signature: _____ Date: ____/____/____

- ☐ I declare that I will be enrolling in ONLY courses offered by distance learning. I understand that if I register for a course that is offered on-campus or at a campus managed facility this exemption becomes void and I will be excluded from class until I provide proof of immunization.
 Student signature: _____ Date: ____/____/____

PRINTED BY GEORGIA IMMUNIZATION REGISTRY (GRITS)

Piedmont QuickCare of Camp
 Creek
 3800 Princeton Lake Parkway SW
 Atlanta, GA 30331