

**GEORGIA MILITARY COLLEGE HEALTH SERVICES**

**Immunization Certificate**

Term/Year of Enrollment: Fall Winter Spring Summer Year: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

**REQUIRED VACCINES**

*( American College Health Association guidelines based on Advisory Committee on Immunization Practices published by the CDC)*

MMR (Measles/Mumps/Rubella): #1 \_\_\_\_\_ #2 \_\_\_\_\_

or laboratory evidence of immunity Date \_\_\_\_\_ Result \_\_\_\_\_

Td or Tdap (Tetanus booster within past 10 years): \_\_\_\_\_

Varicella (Chickenpox): #1 \_\_\_\_\_ #2 \_\_\_\_\_

or history of disease Date \_\_\_\_\_

or laboratory evidence of immunity Date \_\_\_\_\_ Result \_\_\_\_\_

Hepatitis B: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

(Required for students who are age 18 years or younger at time of admission)

or laboratory evidence of immunity Date \_\_\_\_\_ Result \_\_\_\_\_

Meningococcal (Meningitis): \_\_\_\_\_ or signed waiver attached

CERTIFICATION OF HEALTH CARE PROVIDER Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_