



CERTIFICATE OF IMMUNIZATION

Return To: Office of Admission
Thomas University
1501 Millpond Road
Thomasville, GA 31792

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 – 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.

PART III – EXEMPTIONS

_____ **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.

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