

# ANDREW COLLEGE CERTIFICATE OF IMMUNIZATION

See the back of this form for immunization requirements.  
Return document to: Andrew College, Student Life Office, 501 College Street, Cuthbert GA 39840 or fax to (229) 732- 2176.

**STUDENT INFORMATION**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Term/Year of application \_\_\_\_\_ Age at the time of enrollment \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE OF POSITIVE LAB/SERLOGIC EVIDENCE
MMR (NOT REQ. IF BORN BEFORE 1957)					
MEASLES (NOT REQ. IF BORN BEFORE 1957)					
MUMPS (NOT REQ. IF BORN BEFORE 1957)					
RUBELLA (NOT REQ. IF BORN BEFORE 1957)					
VARCELLA (NOT REQ. IF BORN BEFORE 1957)					(OR HISTORY OF VARICELLA)
MINIGOCOCCAL (NOT REQ. IF BORN BEFORE 1957)					
TETANUS-DIPHTHERI (DTP, DtaP, OR Td) Date must be within 10 years.					
HEPATITIS B TYPE SERIES (NOT REQ. IF 19 YEARS OF AGE AT ENROLLMENT)				TYPE SERIES __ 2 Does Series __ 3 Dose Series	

**EXEMPTIONS**

**TEMPORARY:**

\_\_\_\_ This student is exempt from the above immunizations on the grounds of permanent medical contraindication.  
 \_\_\_\_ This student is temporarily exempt from the above immunizations until \_\_\_\_/\_\_\_\_/\_\_\_\_

A. Pregnancy-expected delivery date of \_\_\_\_/\_\_\_\_/\_\_\_\_      B. Other- end date of \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERMANENT:**

\_\_\_\_ I affirm that immunization as required by Andrew College is in conflict with my religious beliefs. I understand that I am subject to exclusion in the event of an outbreak of a disease which immunization is required.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Print Name \_\_\_\_\_

\_\_\_\_ 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 the class until I provide proof of immunization.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Print Name \_\_\_\_\_

**CERTIFICATION OF HEALTH CARE PROVIDER (THIS INFORMATION IS REQUIRED)**

Name of Health Care Organization \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date of Issue \_\_\_\_/\_\_\_\_/\_\_\_\_

## IMMUNIZATION REQUIREMENTS

According to the policies of the Andrew College, applicants who have not previously attended Andrew College must submit proof of all required immunizations certified by a health official.

Applicants may obtain vaccinations by visiting their family physician, or local health department.

### PROOF OF IMMUNIZATION OR NATURALLY-ACQUIRED IMMUNITY- REQUIRED

VACCINE	REQUIREMENT	REQUIRED FOR:
Measles (Rubeola)	Two (2) doses of live measles vaccine (combined Measles-mumps-rubella or "MMR" meets this requirement), with first dose at 12 months of age or later and second dose at least 28 days after the first dose. <b>Or</b> Laboratory/serologic evidence of immunity.	Student born in 1957 or later.
Mumps	One (1) dose at 12 months of age or later (MMR meets this requirement) <b>Or</b> Laboratory/serologic evidence of immunity.	Students born in 1957 or later.
Rubella (German Measles)	One (1) dose at 12 months of age or later (MMR meets this requirement) <b>Or</b> Laboratory/serologic evidence of immunity.	Students born in 1957 or later.
Varicella (Chicken Pox)	One (1) dose at 12 months of age or later but before the student's 13 <sup>th</sup> birthday. <b>Or</b> If first dose given after the student's 13 <sup>th</sup> birthday: Two (2) doses at least 4 weeks apart. <b>Or</b> Medical history (letter or documentation from physician of varicella disease (chicken pox)) <b>Or</b> Laboratory/serologic evidence (blood test) of immunity.	U.S. born students born in 1966 or later.  All foreign-born students regardless of year.
Tetanus, Diphtheria	One Td <b>booster</b> dose within 10 years prior to matriculation.  Recommendation: Students who are unable to document a primary series of three (3) doses of tetanus-containing vaccine (DtaP, DTP, or Td) are strongly advised to complete a three- dose primary series with Td.	All students
Hepatitis B	Three (3) dose hepatitis B series (0, 1-2, and 4-6 months) <b>Or</b> Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months) <b>Or</b> Two (2) dose hepatitis B series of Recombivax (0 and 4-6 months, given at 11-15 years of age) <b>Or</b> Laboratory/serologic evidence of immunity or prior infection.	Required for all students who will be 18 years of age or younger at time of expected matriculation. Continued below.....  Recommendation: It is <b>strongly recommended</b> that All students, regardless of their age at matriculation, discuss hepatitis B immunization with their health care provider.  Entire series must be taken in increments as directed by physician or Health Department.
Meningococcal quadrivalent polysaccharide vaccine.	One (1) dose within 5 years prior to matriculation	All students

### ADDITIONAL IMMUNIZATION RECOMMENDATIONS- NOT REQUIRED

VACCINE	RECOMMENDATION
Influenza	Annual vaccination at the start of influenza season (October-March)
Hepatitis A	Two (2) dose hepatitis A series (0 and 6-12 months) <b>OR</b> Three (3) dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months)
Other Vaccines	Other vaccines may be recommended for students with underlying medical conditions and students planning international travel. Students meeting these criteria should consult with their physicians or health clinic regarding additional vaccine recommendations.

This information will remain on file with the Student Life Office while the student is enrolled in Andrew College.  
After such time this document will be destroyed.

Andrew College \* 501 College Street \* Cuthbert, Georgia 39840