

**ATLANTA METROPOLITAN COLLEGE  
REQUIRED  
CERTIFICATE OF IMMUNIZATION**

It is important that applicants begin immediately to gather the information listed below since proof of immunization may require obtaining records, or making appointments with a physician / health care agency. Retain a copy of the completed form for your records.

Return Certificate of Immunization to: **Atlanta Metropolitan College, Office of Admissions  
1630 Metropolitan Parkway, S.W., Atlanta, Georgia 30310**

**STUDENT INFORMATION**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Term/Year of Application: \_\_\_\_\_ Age at time of application: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**REQUIRED IMMUNIZATIONS**

TO BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER  
Please fill in month, date, and year immunization was given in the space provided.

**A. Measles, Mumps, Rubella (Required for applicants born in 1957 or later)**

**1. M.M.R.**

\_\_\_/\_\_\_/\_\_\_ Two (2) doses with the first dose at 12 months of age or later and the second at least 28 days after the first dose, **OR**  
\_\_\_/\_\_\_/\_\_\_ Laboratory/serologic evidence of immunity **OR**

**Measles**

\_\_\_/\_\_\_/\_\_\_ Two (2) doses of live measles containing vaccine (combined measles-mumps-rubella or MMR meets this requirement) with first dose at 12 months of age or later and the second at least 28 days after the first dose, **OR**  
\_\_\_/\_\_\_/\_\_\_ Laboratory/serologic evidence of immunity

**Mumps**

\_\_\_/\_\_\_/\_\_\_ Two (2) doses of live mumps containing vaccine (combined measles-mumps-rubella or MMR meets this requirement) with first dose at 12 months of age or later and the second at least 28 days after the first dose, **OR**  
\_\_\_/\_\_\_/\_\_\_ Laboratory/serologic evidence of immunity

**Rubella**

\_\_\_/\_\_\_/\_\_\_ One (1) dose at 12 months of age or later (MMR meets this requirement), **OR**  
\_\_\_/\_\_\_/\_\_\_ Laboratory/serologic evidence of immunity  
\_\_\_/\_\_\_/\_\_\_ Required of applicants born before 1957

**B. Tetanus-Diphtheria (TD containing booster dose within 10 years prior to matriculation) or (a Primary Series with DTaP, DTP, or Td)**

\_\_\_/\_\_\_/\_\_\_ One (1) TD booster dose within the last ten years prior to matriculation, **OR**  
\_\_\_/\_\_\_/\_\_\_ Completion of primary series (DTaP, DTP or TD) within 10 years prior to matriculation

**C. Varicella (Either a positive varicella (chicken pox) antibody, or two (2) doses of vaccine given at least three months apart, if immunized after age 13 years, or a history date for chicken pox.)**

\_\_\_/\_\_\_/\_\_\_ Two (2) doses at least 4 weeks apart if first dose given after the student's 13<sup>th</sup> birthday. **OR**  
\_\_\_/\_\_\_/\_\_\_ Reliable history of disease? Yes \_\_\_ No \_\_\_, **OR**  
\_\_\_/\_\_\_/\_\_\_ History of herpes zoster (shingles), **OR**  
\_\_\_/\_\_\_/\_\_\_ Laboratory/serologic evidence or immunity

**D. Hepatitis B – Required of all students who are 18 years of age or younger at matriculation.**

\_\_\_/\_\_\_/\_\_\_ Three-dose Hepatitis B series, **OR**  
\_\_\_/\_\_\_/\_\_\_ Three-dose combined Hepatitis A and Hepatitis B series, **OR**  
\_\_\_/\_\_\_/\_\_\_ Two doses Hepatitis B series of Recombivax, **OR**  
\_\_\_/\_\_\_/\_\_\_ Laboratory/serologic evidence of immunity or prior infections

**E. Permanent or Temporary Immunization Exemption (Please Check)**

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

**CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Date of Issue: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EXEMPTIONS**

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

\_\_\_ 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.

\_\_\_ I declare that I will be enrolling in ONLY courses offered in 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: \_\_\_\_\_