

CERTIFICATE OF IMMUNIZATION BAINBRIDGE COLLEGE

As a prerequisite for registration, the University System of Georgia, Board of Regents Policy 407.05 requires that all students provide proof of immunity to measles, mumps, and rubella. No student will be permitted to register until this completed document has been returned to the Office of Admissions.

Students born after December 31, 1956 are required to provide proof of immunity to measles, mumps, and rubella (two doses required); those born before December 31, 1956 are required to show immunity to rubella only.

Part A: To be completed by the student.

Name: _____

Last

First

Middle

Date of Birth: ___/___/___

Social Security Number: _____ - _____ - _____

Address: _____

Street Address

City

State

Zip

Part B: To be completed and signed by a health care provider. Dates must include month and year.

Required Immunizations:

1. For students born before 1957, Rubella immunity, as in IV.
2. For all other students, either a) MMR immunity, as in I or b) measles, mumps and rubella immunity, as in II, III, and IV.

I. MMR (Measles, Mumps, and Rubella) Note: Date must be after 1970

1. Dose 1- immunized at 12 months of age or later, AND (MO/DAY/YR) ___/___/___
2. Dose 2- immunized at least 30 days after Dose 1 (MO/DAY/YR) ___/___/___

II. MEASLES Note: date must be after March 4, 1963, but not before first birthday

1. Had disease; confirmed by physician diagnosis in office record, OR (Month/Year) ___ / ___
2. Born before 1957 and therefore considered immune, OR (Month/Year) ___ / ___
3. Has laboratory evidence of immune titer (specify date of titer), OR (Month/Year) ___ / ___
4. Immunized with live measles vaccine at 12 months of age or later, AND (Month/Year) ___ / ___
5. Immunized with 2nd dose of live measles vaccine at least 30 days after 1st dose (Month/Year) ___ / ___

III. Mumps (not required if born before 1957)

1. Had disease; confirmed by physician diagnosis in office record, OR (Month/Year) ___ / ___
2. Born before 1957 and therefore considered immune, OR (Month/Year) ___ / ___
3. Has laboratory evidence of immune titer (specify date of tier), OR (Month/Year) ___ / ___
4. Immunized with live vaccine at 12 months of age or later, OR (Month/Year) ___ / ___

IV. RUBELLA Note: dates must be after June 9, 1969

1. Has laboratory evidence of immune titer (specify date of titer), OR (Month/Year) ___ / ___
2. Immunized with live vaccine at 12 months of age or later, OR (Month/Year) ___ / ___

EXEMPTION

- Exemption on ground of permanent medical contraindication (Month/Year) ___ / ___
- Exemption on grounds of temporary medical contraindication (Month/Year) ___ / ___
- a) pregnancy—expected date confinement
- b) other—anticipated date of end of confinement

Immunization status above is certified by: _____

Signature of physician or public health facility official _____ Date _____

Religious Exemption Request. 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.

Signature of Student _____ Date: _____

REQUIRED IF CLAIMING RELIGIOUS EXEMPTION

**NOTE: PLEASE MAKE A PHOTOCOPY OF THE COMPLETED DOCUMENT FOR FUTURE USE.
BAINBRIDGE COLLEGE WILL NOT FORWARD COPIES TO OTHER INSTITUTIONS.**