

800 Georgia Southwestern University Drive  
Americus, Georgia 31709  
(229)931-2235/office (229)931-2666/fax

## CERTIFICATE OF IMMUNIZATION

(Return this form to the Office of Student Health Services)  
Retain a copy of the completed form for your records.

### STUDENT INFORMATION

Student ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Term/Year of Application: \_\_\_\_\_ Age at time of application: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### REQUIRED IMMUNIZATION INFORMATION (See the Immunization Requirements & Recommendations for USG Students documentation)

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
MMR <sub>1</sub>	/ /	/ /			

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**RECOMMENDED**  
**CERTIFICATE OF IMMUNIZATION**  
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**STUDENT INFORMATION**

Student ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**RECOMMENDED IMMUNIZATION INFORMATION** (See the Immunization Requirements & Recommendations for USG Students documentation)

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
Human Papillomavirus <sup>5</sup>	/ /	/ /	/ /		
Hepatitis A <sup>6</sup>	/ /	/ /	/ /	Type Series: † 2 Dose Series † 3 Dose Series	/ /
Meningococcal ACWY <sup>7, 8</sup> (MCV4)	/ /	/ / MCV4 Booster <sup>8</sup>			

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