

## CERTIFICATE OF IMMUNIZATION

**This form MUST be returned to:**  
 Student Health Services  
 Southern Polytechnic State University  
 1100 South Marietta Parkway  
 Marietta, Georgia 30060-2896

**Questions?**  
 If you need assistance in completing this form or if you have questions, contact Student Health Services at 678-915-7366. Fax: 678-915-7367

**Note:**  
 If you have attended SPSU, you are not required to complete the Certificate of Immunization.

### STUDENT INFORMATION

Social Security Number / Student ID ▼		Date of Birth (Month / Day / Year)		Age	Application Term <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer		Year 20
Last Name ▼		First		Middle/Maiden		Title (Jr., III, etc.)	
Street Address				Apartment Number			
City		State	ZIP/Postal Code		County of Residence	Nation	

### IMMUNIZATION INFORMATION

VACCINE ▼	Date MM/DD/YYYY	Date MM/DD/YYYY	Date MM/DD/YYYY	Series	Date if Positive Lab/Serologic Evidence
MMR <sup>1</sup>					
Measles <sup>1</sup>					
Mumps <sup>1</sup>					
Rubella <sup>1</sup>					
Varicella <sup>2</sup> (Chicken Pox)					Or history of varicella (chicken pox)
Hepatitis B <sup>3</sup>				Type Series <input type="radio"/> 2 Dose Series <input type="radio"/> 3 Dose Series	
Tetanus-Diphtheria (Dtp, DtaP, Tdap, or TD within 10 years)		(Within past 10 years)			

<sup>1</sup> Not required if born before 1957.  
<sup>2</sup> Required for all U.S. born students born in 1980 or later. Required for all foreign born students regardless of year born.  
<sup>3</sup> Only required of students who are 18 years of age or younger at time of expected matriculation.

### PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION

This student is exempt from the above immunization on the ground of permanent medical contraindication.

This student is temporarily exempt from the above immunization until \_\_\_\_\_ DATE (MM/DD/YYYY) ▼

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

Name of Health Care Provider ▼	Signature ▼	Date of Issue
Street Address		
City	State	ZIP/Postal Code Phone

### EXEMPTIONS

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

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 ▼ Date

---

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 class until I provide proof of immunization.

Signature ▼ Date

SPSU is an affirmative action/equal opportunity institution and does not discriminate on the basis of race, religion, color, sex, age, disability or national origin.