



**CERTIFICATE OF IMMUNIZATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Upload this form in the Supplemental Forms Section of your application portal at** [**apply.clayton.edu**](https://apply.clayton.edu/)**, email to** [**HWC@clayton.edu**](mailto:HWC@clayton.edu), **or fax to 770-968-3534. For any questions, email:** [**HWC@clayton.edu**](mailto:HWC@clayton.edu) **or call 678-466-4940.** | | | | | | |
| Name: | | | |
| Address: | | | | Date of Birth: | |  |
|  | | | | Phone: | |  |
| **REQUIRED IMMUNIZATIONS** | **REQUIREMENT** | | | | **REQUIRED** | | |
| **MMR (Measles, Mumps,**  **Rubella) combined shot** | * 2 Doses | #1 /  #2 / | /  / | | * Students born in 1957 or later | | |
| **OR** |  | **OR** | | |  | | |
| * Measles (Rubeola) | * 2 Doses | #1 / | / | | * Students born in 1957 or later | | |
|  |  | #2 / | / | |  | | |
|  | * **or Titer** | / | / | |  | | |
| **and** |  | **and** | | |  | | |
| * Mumps | * 2 Doses | #1 / | / | | * Students born in 1957 or later | | |
|  |  | #2 / | / | |  | | |
|  | * **or Titer** | / | / | |  | | |
| **and** |  | **and** | | |  | | |
| * Rubella (German Measles) | * 1 Dose | #1 / | / | | * **Students born in 1957 or later.** | | |
|  | * **or Titer** | / | / | | * **Attach titer results.** | | |
| **Varicella (Chicken Pox)** | * 2 Doses | #1 / | / | | * All U.S. born students born in 1980 or later and all foreign born students regardless of year born * **Attach titer results.** | | |
|  | * **or** History | #2 / | / | |
|  | of chicken |  |  | |
|  | pox or | / | / | |
|  | shingles   * **or** Titer | / | / | |
| **Tetanus-Diphtheria-Pertussis (Whooping Cough) or Td booster** | * Tdap * Td Booster | /  / | /  / | | * All students must have one dose of Tdap or 1 dose of Td if it has been 10 years or more since receiving Tdap. | | |
| **Hepatitis B** | * 3 Dose series | #1 /  #2 /  #3 / | /  /  / | | * All students 18 years of age and under at matriculation * **Attach titer results.** | | |
| **Tuberculosis screening** | * Must complete TB screening questionnaire | | | | * All students. All students, with risk noted, must   complete the TB Risk Assessment | | |

# *STRONGLY RECOMMENDED IMMUNIZATIONS*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hepatitis A | 2 Doses | #1 / / | #2 / / | |
| Human Papillomavirus (HPV) | 3 Doses | #1 / / | #2 / / #3 / / | |
| Meningitis (A,C,Y,W135) |  | #1 / / | #2 / / | |
| Meningitis B | 2 or 3 Doses | #1 / / | #2 / / #3 / / | |
| Influenza | \_\_ | |  |  |

**CERTIFICATION OF HEALTH CARE PROVIDER (Required) Medical Office Stamp:**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Date of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Temporary, medical or religious exemption requests require the completion of the Clayton State University Vaccination Exemption Form.**

**Medical certification or notarization requirements apply.**