

GEORGIA TECH CERTIFICATE OF REQUIRED IMMUNIZATIONS

- The form on the back of this page is **REQUIRED** for **ALL** Intensive English Program students.
- Georgia Tech **CANNOT** accept immunization information in another format.
- Bring this form to registration with your doctor's signature, date and stamp. **DO NOT** send this form to the Language Institute before registration.
- More information is available on the Health Services website at <https://health.gatech.edu/immunization/Pages/default.aspx>
- The medical requirements **MUST** be completed during your first session at the Language Institute. Missing requirements will delay your registration for your second session.

Do you have questions?

E-mail linda.dougherty@pe.gatech.edu



Turn Over

LANGUAGE INSTITUTE CERTIFICATE OF REQUIRED IMMUNIZATIONS

Please read ALL instructions below. Your records MUST meet these criteria to satisfy the requirements.

Session Beginning: _____ Birth Date: _____ Country of Birth: _____

GT ID#: _____ Cell Phone #: _____ Email: _____

Name (Last, First, Middle) _____

Address: _____ City: _____ State: _____ Zip Code: _____ Country: _____

Vaccine	Injection 1 Date MM/DD/YYYY	Injection 2 Date MM/DD/YYYY	Injection 3 Date MM/DD/YYYY	OR	Date of Positive Lab/ Serologic Evidence(titer) ⁶
MMR (Measles, Mumps, Rubella) ¹ or Measles ¹ + Mumps ¹ + Rubella ¹	/ /	/ /			
	/ /	/ /			/ /
	/ /	/ /			/ /
	/ /				/ /
Varicella ² History of Disease Not Accepted	/ /	/ /			/ /
Tetanus-Diphtheria-Pertussis (Whooping Cough) ³	/ / Tdap (required)	/ / Booster Td or Tdap (Circle One)			
Hepatitis B ⁴ Hep B or Twinrix (Circle One) 2 Dose or 3 Dose Series (Circle One)	/ /	/ /	/ /		/ /
Meningococcal ACWY ⁵ (Menactra or Menveo)	/ /	/ /			
Tuberculosis Screening (no more than 6 months before start of class)	International Born Students - Complete a QuantiFERON blood test (submit official lab report). If QuantiFERON test is positive Chest x-ray performed in the US is required. QuantiFERON must be performed on the same day any live vaccines are administered or at least 28 days after any live vaccines are administered.				

1-All foreign born students regardless of year born; First dose must be after first birthday.

2-All foreign born students regardless of year born; First dose must be after first birthday. History of disease not accepted.

3-**One dose of Tdap after 10th birthday is required for all students**; Td booster needed only if > 10 years since last Tdap or Td.

4-Hepatitis B vaccine or Hepatitis A-Hepatitis B (Twinrix) vaccine accepted. 0, 1, and 6 month schedule preferred.

5-**Vaccine required for all students under age 22. If vaccine given before 16th birthday, a booster dose on or after the 16th birthday is required.** This is not the same vaccine as the Meningococcal B vaccine (see recommended vaccines page).

6-Upload antibody titer reports; must be on lab letterhead or printed from an electronic medical record; must be in English and include definitive lab values with reference values. Lab/serologic evidence indicating immunity may be used in lieu of injections to verify immunity if immunization records incomplete.

SIGNATURE OF HEALTH CARE PROVIDER AND DATE REQUIRED	
<p>Name: _____</p> <p>Signature: _____</p> <p>Phone: _____ Date: _____</p>	PHYSICIAN OFFICE STAMP