

Dalton State College
CERTIFICATE OF IMMUNIZATION

DSC Student ID # _____ Date of Birth ____ / ____ / ____
 Name: Last _____ First _____ Middle _____
 Term/Year of Enrollment _____ Age at time of enrollment _____
 In case of emergency, notify _____ Relationship _____ Phone _____

REQUIRED IMMUNIZATION
 (See Immunization Requirements and Recommendations for USG students at: http://www.usg.edu/student_affairs/faq/immun/)

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
MMR 1	/ /	/ /			
Measles 1	/ /	/ /			/ /
Mumps 1	/ /	/ /			/ /
Rubella 1	/ /	/ /			/ /
Varicella 3	/ /	/ /		(History of Varicella)	/ /
Tetanus-Diphtheria (DTP, DTaP, Tdap, or Td within 10 years)	(Most recent date) / /				
Hepatitis B 2	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	/ /

RECOMMENDED IMMUNIZATION

Human Papillomavirus 4	/ /	/ /	/ /		
Hepatitis A 5	/ /	/ /	/ /	Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series	/ /
Meningococcal 5	/ /	/ /			
Influenza 5	/ /	/ /	/ /		

1–Not required if born before 1957. 2–Only required of students who are 18 years of age or younger at time of expected matriculation.
 3–Required for all US born students born in 1980 or later; required of all foreign born students regardless of year born.
 4–Strongly recommended for all unvaccinated women through age 26 years. 5–Strongly recommended but not required.

PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION

- This student is exempt from the above immunizations on the ground of permanent medical contraindication.
 This student is temporarily exempt from the above immunization until ____ / ____ / ____.

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

Name _____ Signature _____
 Address _____
 Date of Issue ____ / ____ / ____ Telephone _____

EXEMPTION: If you are claiming exemption, check the box, sign, and date:

- I affirm that immunization as required by the University System of Georgia is in conflict with my religious beliefs, and I understand that I am subject to exclusion in the event of an outbreak of a disease for which immunization is required.

Student signature _____ **Date** ____ / ____ / ____

Information about Meningococcal Disease:

Pursuant to legislation passed by the Georgia General Assembly in 2003 (Official Code of Georgia Annotated Section 31-12-3.2, effective January 1, 2004), all public and non-public postsecondary education institutions in Georgia are required to give students residing in college housing information about meningococcal disease and vaccine. In addition, all students residing in college housing are required to sign a document provided by the postsecondary institution stating that they have received vaccination against meningococcal disease or that they have reviewed the information provided and that they decline to be vaccinated. NOTE: In addition to the information provided here, the Dalton State College housing contract includes information about meningococcal disease, and students who plan to reside in college housing will be asked to acknowledge that they have been informed about the risks of this disease by initialing that form.

Meningococcal disease is a serious infection caused by bacteria that most commonly causes meningitis (an infection of the membranes that surround the spinal cord and brain) or sepsis (an infection of the blood that affects many organ systems).

College freshmen, particularly those living in dorms, have a modestly increased risk of getting meningococcal disease compared with other persons of the same age. Among 15 million college students in the United States each year, up to 100 cases of meningococcal disease occur, with 5-15 cases resulting in death. However, the overall risk of disease, even among college students, is low. Crowded living conditions and smoking (active or passive) are additional risk factors that are potentially modifiable. Bacteria are spread from person-to-person through secretions from the mouth and nose and are transmitted through close contact. Casual contact or breathing in the same air space are not considered sufficient for transmission.

Common symptoms include: stiff neck, headache, fever, sensitivity to light, sleepiness, confusion, and seizures. Invasive meningococcal disease, or blood infection with the organism, causes fever and rash. The disease can be treated with antibiotics, but treatment must be started early, and even with treatment, some patients may die. Survivors may be left with a severe disability such as the loss of a limb.

A meningococcal polysaccharide vaccine is available for those who wish to pay for it. The vaccine protects against four of the five most common types of meningococcal bacteria, with protection typically lasting 3-5 years. Vaccination may decrease the risk of meningococcal disease; however, it does not eliminate the risk because the vaccine does not protect against all types of meningococcal bacteria. Approximately 50-70% of meningococcal disease cases among college students are likely to be vaccine-preventable. Vaccine may be available from public health departments and private practitioners.

It is recommended that all Dalton State College students be vaccinated against meningococcal disease.

For more information about Meningococcal Disease, visit:

- www.acha.org/projects_programs/overview.cfm (a site provided by the American College Health Association)
- www.cdc.gov/nip/publication/VIS/vis-mening.pdf (information about the availability of safe and effective vaccine)
- www.cdc.gov/nip/recs/teen-schedule.htm#chart (a list of additional sources of information)
- http://www.usg.edu/student_services/immun/resources_map.pdf (a map of Georgia's public health districts)

I have reviewed the above information about meningococcal disease, and I decline to be vaccinated.

Student Signature (Required)

Date

Signature of Parent or Guardian if Student is Under 18 Years of Age

Date

Return this form to: Dalton State College
The Office of Enrollment Services
650 College Drive, Dalton GA 30720
Phone 706.272.4436 / Fax 706.272.2530