

AUGUSTA UNIVERSITY CERTIFICATE OF IMMUNIZATION

*Your health care provider must complete and sign this form. All information must be written in English.
 This document must be submitted at least two (2) weeks prior to the start of semester.*

REQUIRED IMMUNIZATIONS –HEALTH PROFESSIONAL STUDENTS

Vaccine	Date: M/DD/YYYY	REQUIRED FOR & WHAT is needed
MMR (Measles, mumps, rubella) [vaccine series OR antibody titer for each]	#1 ____/____/____ #2: ____/____/____ OR IgG Titer: ____/____/____	REQUIRED for all students: VACCINE SERIES OR IgG ANTIBODY TITER WHAT: Two (2) doses of combined measles-mumps-rubella or “MMR” or separate vaccines for each measles, mumps, and rubella. The first dose of all vaccine types must be given at 12 months of age or later and the second dose at least 28 days (about 4 weeks) after the first dose. OR - Attach copy of lab report of IgG blood antibody titer results for each virus: measles, mumps and rubella, documenting immunity for each.
Varicella [vaccine series OR antibody titer]	#1 ____/____/____ #2: ____/____/____ OR IgG Titer: ____/____/____	REQUIRED for all students: VACCINE SERIES OR IgG ANTIBODY TITER WHAT: 2 doses given at least 3 months apart if both doses are given before age 13 OR - 2 doses at least 4 weeks apart if first dose is given after 13th birthday OR - Attach copy of lab report of IgG antibody titer results as evidence of immunity.
Tetanus, Diphtheria, Pertussis (Tdap)	____/____/____ ____/____/____ (IF NEEDED)	REQUIRED for all students. WHAT: One Tdap dose administered after 6/10/2005. If Tdap was administered more than 10 years ago, then a Td/Tdap dose is ALSO required.
Hepatitis B [vaccine series & antibody titer & antigen]	#1: ____/____/____ #2: ____/____/____ #3: ____/____/____ AND Quant.Hep B Surface Antibody titer: ____/____/____ AND Hepatitis B Surface Antigen: ____/____/____	REQUIRED for all students: VACCINE SERIES, SURFACE ANTIBODY TITER, & SURFACE ANTIGEN WHAT: 3 dose hepatitis B series (given at 0, 1-2, and 4-6 months) OR - 3 dose combined hepatitis A and hepatitis B series (at 0, 1-2 and 6-12 months) OR - 2 dose hepatitis B series of Recombivax (at 0 and 4-6 months) given at 11-15 years of age AND - Attach copy of lab report of Hep B Surface Antibody titer results (QUANTITATIVE) AND Hepatitis B Surface Antigen. If Hepatitis B Surface Antibody is negative, student must have one Hepatitis B booster vaccine and then repeat the Hepatitis B Surface Antibody titer 30 days later.
Influenza	____/____/____	REQUIRED annually for all students: September through April.
Tuberculosis (TB)	Must be completed within 3 months of the start of class	REQUIRED: for all students: PPD Skin Test or QuantiFERON Gold Blood Test - Attach copy of lab report of QuantiFERON Gold Blood Test. If positive, the student must submit a chest x-ray
Meningococcal (ACWY (MCV4))	#1 ____/____/____ & #2: ____/____/____ if initial dose more than 5 years ago	REQUIRED: All students living in on-campus housing or sorority/fraternity housing. WHAT: One dose if unvaccinated. If the initial dose was given more than 5 years ago, a booster is required. A student may sign a waiver and statement of understanding by going to: https://www.augusta.edu/shs/immunizationwaivers.php

STRONGLY RECOMMENDED IMMUNIZATIONS:

Vaccine	Date: MM/DD/YYYY	Date: MM/DD/YYYY	Date: MM/DD/YYYY	Notes:
COVID-19	____/____/____	____/____/____	____/____/____	Type:
Hepatitis A	____/____/____	____/____/____	____/____/____	Strongly recommended if travel outside of U.S.
Meningococcal B	____/____/____	____/____/____	____/____/____	(Bexsero or Trumenba – circle type given)
HPV	____/____/____	____/____/____	____/____/____	Males and females through age 45 years

I attest that all of the above information is accurate and agree to release this information to Augusta University Student Health.

Student Signature: _____ Date: _____

REQUIRED SIGNATURE OF LICENSED HEALTHCARE CLINICIAN*	
Name: _____	
Address: _____	Phone: _____
Signature: _____	Date: _____

* Healthcare Clinician can be a U.S. licensed physician, nurse practitioner, physician assistant or registered nurse.

ADDITIONAL REQUIREMENTS

TUBERCULOSIS TESTING: *must be done within three months prior to start of classes.*

Please submit documentation of the following:

PPD Skin Test **OR** QuantiFERON Gold blood test – *Please attach a copy of the PPD Reading **OR** complete QuantiFERON Gold lab results to include your name, date of birth, test results and date of specimen collection. This is an annual requirement.*

REQUIRED LAB ANTIBODY TITERS - *Please attach a copy of the complete lab results to include your name, date of birth, test results and date of specimen collection.*

Hepatitis B Surface Antibody (quantitative) **AND** Hepatitis B Surface Antigen.

**** If the antibody is negative (i.e., not immune), you will be required to have one Hepatitis B vaccine, followed by the repeat antibody 30 days later.**

****Please be advised that some clinical/rotation sites may require additional testing.***

Any questions? Send email to: immunizations@augusta.edu

- *Please follow the directions at <http://www.augusta.edu/shs/immunizations.php>*
- **Visit augusta.medicatconnect.com to submit your immunization records and associated documents.**

THANK YOU!