



FORM F - Certificate of Immunization*

STUDENT INFORMATION

Name: _____ Date of Birth: _____

IMMUNIZATION INFORMATION

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE OF POSITIVE LAB EVIDENCE
MMR	/ /	/ /	/ /
Measles	/ /	/ /	/ /
Mumps	/ /	/ /	/ /
Rubella	/ /	/ /	/ /

CERTIFICATION OF HEALTH CARE PROVIDER

Name: _____ Phone: _____

Signature: _____ Date: _____

EXEMPTIONS

- Request for Religious Exemption: I affirm that immunization required by the Georgia Central University is in conflict with my religious beliefs. I understand I am subject to exclusion and reimbursement of any medical expenses in the event of an outbreak of a disease for which immunization is required.
- Request for Medical contraindication (Attach Verification by HealthCare Provider)
- Distance Education (Overseas): I declare that I will be enrolling in only courses offered by Distance Education (outside the USA). I understand that if I register for a course offered on campuses, this exemption becomes void and I will be excluded from class until I provide proof of immunization.

Student Signature _____ Date: _____

*Other form(s) of Medical document may be acceptable.