

## **FORM F - Certificate of Immunization\***

MM/DD/YY         MM/DD/YY         EVIDENCE           MMR         / / / / / / / / / / / / / / / / / / /				
WACCINE  DATE  MM/DD/YY  MM/DD/YY  MM/DD/YY  EVIDENCE  MMR  MR  Measles  MM/DD/YY  MM/DD/YY  EVIDENCE  MMR  Measles  MM/DD/YY  MM/DD/YY  EVIDENCE  MMR  MMR  MMR  Minipa  Minipa  Minipa  Minipa  Mamps  Phone:  Date:  Date:  EXEMPTIONS  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 or 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:  Date:	Name:		_ Date of Birth:	
MM/DD/YY   MM/DD/YY   EVIDENCE	IMMUNIZATIO	N INFORMATION		
Measles / / / / / / / / / / / / / / / Rubella / / / / / / / / / / / / / / / / / /	VACCINE			
Mumps	MMR	/ /	/ /	/ /
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:	Measles	/ /	/ /	/ /
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Phone:	Rubella	/ /	/ /	/ /
<ul> <li>□ 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.</li> <li>□ Request for Medical contraindication (Attach Verification by HealthCare Provider)</li> <li>□ 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.</li> </ul>	Signature:		Date:	
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	Central Ur exclusion a a disease f Request fo Distance E offered by course off	niversity is in conflict wand reimbursement of for which immunization or Medical contraindical ducation (Overseas): In Distance Education (oversed on campuses, this	vith my religious belie any medical expense n is required. ation (Attach Verifica declare that I will be outside the USA). I un s exemption become	efs. I understand I am subject to es in the event of an outbreak o tion by HealthCare Provider) enrolling in only courses derstand that if I register for a
	Student Signature	<b>.</b>	Date:	