

Name: _____

Eagle ID Number: _____

C. Measles, Mumps, Rubella. Required for students born in 1957 or later

1. M.M.R. (Measles, Mumps, Rubella – combined vaccine)

___ 2 Doses with the first dose at 12 months or later and the second at least 28 days after the first dose. List Dates of Dose #1 _____ Dose #2 _____

OR

___ Laboratory/serologic evidence of immunity (attach lab results – must show immunity)

OR

2. Measles, Mumps, Rubella (individual vaccinations)

Measles

___ 2 Doses with the first dose at 12 months or later and the second at least 28 days after the first dose. List Dates of Dose #1 _____ Dose #2 _____

OR

___ Laboratory/serologic evidence of immunity (attach lab results – must show immunity)

Mumps

___ 1 Dose at 12 months or later. List Date of Mumps Vaccination _____

OR

___ Laboratory/serologic evidence of immunity (attach lab results – must show immunity)

Rubella

___ 1 Dose with the first dose at 12 months or later. List Date of Rubella Vaccination _____

OR

___ Laboratory/serologic evidence of immunity (attach lab results – must show immunity)

3. Exemption Only for Measles, Mumps, Rubella

___ I was born before 1957, and therefore am exempt from this requirement.

D. Tetanus-Diphtheria (Primary Series with DTaP, DTP or Td, with booster at age 11-64 years with Tdap) Required of all students. Tdap is the preferred booster vaccine and is strongly advised, but Td is acceptable.

___ One Tdap (or Td) booster dose within the last ten years prior to matriculation. Date : _____

OR

___ Completion of primary series (DTaP, DTP or Td) within the last ten years prior to matriculation. Date: _____

E. Exemption – Requires written documentation of grounds for exemption from attending physician.

___ This student is exempt from the above immunization on grounds of permanent medical contraindication. Attach documentation from attending physician.

___ This student is temporarily exempt from the above immunizations until (date) ___/___/___ . Attach documentation from attending physician.

Signature of Health Care Provider (licensed physician or qualified employee of a local Board of Health or County Health Department)

Name _____ Title _____

Phone (____) _____ Address _____

Signature _____ Date _____

Part III – Religious Exemption - Put checkmark and PRINT name of student, only if claiming religious exemption.

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

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Part IV – Meningococcal Disease Facts

The Georgia General Assembly passed legislation requiring public and nonpublic postsecondary educational institutions to give students residing in University managed on-campus housing information about meningococcal disease and vaccine. Students are required to sign a document provided by the postsecondary institution stating that they have received a vaccination against meningococcal disease or reviewed the information and have declined to be vaccinated. The governor signed the legislation on May 28, 2003; effective January 1, 2004 (Official Code of Georgia Annotated § 31-12-3.2). If you are a Georgia Southern University student, who will be residing in on-campus housing, the Georgia Southern University Housing Application now includes meningococcal disease information and a waiver form. It is not necessary for students who reside in University managed campus housing to obtain a waiver form from Health Services.

Health Services recommends that all students be vaccinated against meningococcal disease. The following meningococcal disease facts are provided for your information.

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

College freshmen, particularly those living in dorms, have a modestly increased risk of getting the disease compared with other persons of the same age. Up to 100 cases occur among the 15 million college students in the United States each year, with 5-15 deaths. 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, transmitted through close contact. Casual contact or breathing in the same air space is 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. 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. Vaccine protects against 4 of the 5 most common types of meningococcal bacteria and protection typically lasts 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 disease among college students is likely to be vaccine- preventable. Vaccine may be available at travel clinics, health departments, student health services, or through private providers. Prices may vary.

For more information about Meningitis, go to:

www.acha.org/projects_programs/overview.cfm , a site provided by the American College Health Association

www.cdc.gov/nip/publications/VIS/vis-mening.pdf , the availability of a safe and effective vaccine

www.cdc.gov/nip/recs/teen-schedule.htm#chart , a listing of additional sources of information

http://www.usg.edu/student_services/immun/resources_map.pdf , map of Georgia’s public health districts

Part V - Recommended Immunizations - In addition to required immunizations, Health Services *recommends* Georgia Southern University students be immunized against Meningococcal Meningitis, Hepatitis B, Hepatitis A, Varicella (Chickenpox), Tetanus-Diphtheria (Tdap), and Polio. Students are encouraged to contact Health Services about the availability of these vaccinations and TB testing.

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Part VI – TB Screening for U.S. Citizens and International Students

Tuberculosis (TB) Screening: Georgia Southern University Health Services recommends a tuberculin skin test for all Students who are U.S. Citizens. **A tuberculin skin test is required for Students who are Non-U.S. Citizens (i.e., International Students).** Screening for International Students must be conducted, at no cost to the student, by Georgia Southern University Health Services within one (1) month of the student’s arrival on campus.

Date of Test: _____ Results: ___Negative ___ Positive If positive, a chest X-ray is required.
Date of Chest X-ray: _____

Part VII –Miscellaneous and Medical History Information

PERSONS TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship _____
Phone (H) (____) _____ (W) (____) _____ (Cell) (____) _____

Name: _____ Relationship _____
Phone (H) (____) _____ (W) (____) _____ (Cell) (____) _____

Name of Personal Physician _____ Physician’s Phone Number _____
Physician’s
Address: _____

MEDICAL INSURANCE COMPANY: _____
Policy No. _____

Note: *Surgery, fractures, sophisticated diagnostic procedures, consultations with physicians other than those employed by Georgia Southern University, and hospitalization in local hospitals are not covered by the student health fee. Students are encouraged to carry their health insurance card at all times.*

PERSONAL MEDICAL HISTORY - This information will remain confidential and will be utilized by Health Services personnel only.

1) Please describe current medical conditions that are currently under treatment or being monitored? Request your physician to forward a summary to Health Services.

2) Please list prescribed medications taken on a regular basis.

3) Please list current ALLERGIES to medications, food, insects, or other substances.

4) Other significant physical or mental conditions, special accommodations, or comments:

PERMISSION FOR DIAGNOSTIC AND TREATMENT PROCEDURES

I hereby authorize the medical staff of Georgia Southern University Health Services, their agents or consultants, to perform diagnostic and treatment procedures, which in their judgment become necessary while I am a student at Georgia Southern University. I understand I am responsible for charges incurred.

PARENTS OF STUDENTS UNDER AGE 18: I hereby authorize medical treatment for my student, which may be advised or recommended by the medical staff of Georgia Southern University Health Services.

Student’s Signature (required) _____ Date _____ Signature of Parent (required if student under age18) _____

PLEASE NOTE: RETURN THESE FORMS TO HEALTH SERVICES AT LEAST FOUR WEEKS PRIOR TO YOUR ORIENTATION (SOAR) DATE. *Students should keep a copy of these forms for their personal records.*