

Make a copy of this form to keep with your important papers.

As required under University System Policy, this form must be completed and returned to Darton before the student will be eligible for enrollment in classes. Part A – To be completed by the student (please print).	
Home Mailing Address	
Sex: (optional) Male Female Date of Birth	Social Security Number
Home Physician	City, State
Part B – To be completed and signed by a health care provider.	
REQUIRED IMMUNIZATIONS	
I. MMR (Measles, Mumps, Rubella) 1. Dose 1 – Immunized at 12 months of age or later AND (MO/DAY/YR) 2. Dose 2 – Immunized at least 30 days after dose 1 (MO/DAY/YR) OR Measles 1. Had disease, confirmed by physician diagnosis in office record, OR (MO/YR) 3. Has laboratory evidence of immune titer (specify date of titer) OR (MO/YR) 4. Immunized with live measles at 12 months of age or later AND (MO/DAY/YR) 5. Immunized with second dose of live measles vaccine at least 30 days after first dose (MO/DAY/YR) Mumps 1. Had disease, confirmed by physician diagnosis in office record, OR (MO/YR) 3. Has laboratory evidence of immune titer (specify date of titer) OR (MO/YR) 4. Immunized with live mumps at 12 months of age or later (MO/DAY/YR) Rubella 1. Has laboratory evidence of immune titer (specify date of titer) OR (MO/YR) 2. Immunized with live rubella at 12 months of age or later (MO/YR) 2. Immunized with live rubella at 12 months of age or later (MO/YR)	III. Varicella -Note: required for U.S. students born after 1966; required for all foreign born students. 1. Had disease, confirmed by health care provider, OR (MO/YR) / 2. Has laboratory evidence of immune titer (specify date of titer) OR (MO/YR) / 3. One dose given at 12 months of age or later but before the student's 13th birthday (MO/DAY/YR) / OR 4. Two doses. Dose 1 given after the student's 13th birthday; 2th dose one month after first dose. (MO/DAY/YR) (1) / (2) / / IV. Hepatitis B - Note: required of all students who are 18 years of age or younger. (Completion Dates) 1. Three doses hepatitis B series OR (MO/DAY/YR) / 2. Three doses combined hepatitis A and hepatitis B series OR (MO/DAY/YR) / 3. Two doses of hepatitis B series of Recombivax OR (MO/DAY/YR) / 4. Has laboratory evidence of immune titer (specify date of titer) (MO/DAY/YR) / OR Over 18 years of age at matriculation.
OR Exemption	Immunization status certified by:
I was born before 1957, and therefore am exempt from the above requirement.	Signature of Health Care Provider Date
II. Tetanus-Diphtheria 1. One TD booster dose within the last ten years OR (MC/DAY/YR)2. Completion of primary series (DTaP, DTP or TD) within the past ten years prior to matriculation Completion Date (MC/DAY/YR)/	Name of Health Care Provider Address of Health Care Provider Phone ()
MEDICAL EXEMPTION This student is exempt from the above immunizations on grounds of permanent medical contraindication.	
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Religious Exemption: I aftern that immunication as required by The University System of Georgia is in conflict with my religious beliefs. I understand that I am subject to exclusion in the event of an outbreak of a disease for which immunication is required. Distance Learning Exemption: I declare that I will be enrolling in CNLY courses offered by distance learning. I understand that if I register for an on-campus course, this exemption becomes void and I will be excluded from class until I provide proof of immunication. Peturn Form To: Office of Admissions Darton College 2400 Gillionville Rd. Albany, GA 31707-3098	