

## **IMMUNIZATION FORM**

This form is part of the admissions process and must be fully completed prior to the start of classes. Failure to submit the required documents before classes begin could result in removal from classes. Upload the completed form and documents to the Immunization section in the MyMercer portal.

Please circle the campus you will be	e attending:	Macon	Atlanta	Henry [	Douglas			
Date:	SS#	<del>-</del>	<u>-</u>	Stude	ent ID #		Age:	
Name:				Birth Date:	(MM / DD / YYYY)	Phone :(	)	
(Last)	(First)		(Middle)		(MM / DD / YYYY)			
Home Address:	(Street)				(O;F.)	(04-4-)	( <b>7</b> :)	-
	(Street)				(City)	(State)	(Zip)	
Emergency Contact Person:					Relationship to You:			_
Address of Contact:						Phone:(	)	_
Parental/Guardian Consent for Medical Care of Student (if the student is under 18 years of ag I give consent for Mercer University Campus Health Center to provide medical treatment for my for any illness or injury while my child is enrolled at Mercer University.  Parent/Guardian Signature:					Child(Student name)			
Health Insurance Requirement: Mercer students, except those in Regional Academic Center programs and distance learning programs, are automatically charged for a University-sponsored student health insurance plan to insure compliance that students maintain health insurance coverage. A charge is placed on each student's account each term. To have the charge removed, students must show evidence of personal health insurance by completing a waiver by the stated deadline. To see the deadline for the upcoming term and how to complete the waiver, go to https://bursar.mercer.edu/studentinsurance/ and click the waiver link. By signing below, you are acknowledging that you have read, understood, and agree to follow the above requirement and must be covered by either personal or school health insurance. Enter your current insurance information and signature below.								
Student Signature:						Date:		_
Parent Signature (if student is und	der age 18):					Date:		_
Current Insurance Company:				Member	Name:			_
Member I.D. Number: Group Nu					umber:			_

## **REQUIRED Immunizations (**required for attendance at Mercer University)

Upload the following immunization records to the Immunization section in the MyMercer portal:

- Proof of immunity to Measles (Rubeola), Mumps, and Rubella for all students born after 1956. The first vaccination must have been administered after 12 months of age, and the second must be at least 30 days after the first. Provide official documentation (i.e., GRITS, Military, Health Department, MD office, etc.) with one of the following:
  - dates of 2 MMR vaccinations; or
  - if immunizations were received separately, you must provide dates for 2 Measles, 2 Mumps, and 1 Rubella vaccinations; or
  - a positive titer lab report. If titers are done, they must be Measles IgG, Mumps IgG, Rubella IgG.
- The actual test report for a current (within past 12 months) TB skin test (PPD), or T-spot, or QuantiFeron Gold test. If your test result was positive, you must submit the chest x-ray report that followed your positive Tuberculosis test.

## **Recommended Immunizations** (not required for attendance at Mercer University)

- Tetanus (A tetanus booster is recommended every 10 years; Tdap is preferred)
- Varicella (Chicken Pox) (2 vaccines in this series)
- Hepatitis B (3 vaccines in this series)
- Meningitis (one dose upon entry into college for freshmen living in dormitories or residence halls who wish to reduce the risk of Meningococcal disease). Any undergraduate under 25 years old who wishes to reduce the risk of disease should consider the vaccine. Students with immunodeficiency such as complement deficiency or asplenia should receive the vaccine every 3 – 5 years.