

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 may result in inability to register for upcoming classes and/or receive financial aid.** Upload the completed form and required documents to the Immunization section in the "My Mercer" portal.

Please circle the campus you will be attending: **Macon** **Atlanta** **Henry** **Douglas**

Date: _____ SS# _____ - _____ - _____ Student ID # _____ Age: _____

Name: _____ Birth Date: _____ Phone: (____) _____
(Last) (First) (Middle) (MM / DD / YYYY)

Home Address: _____
(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 age)

I give consent for Mercer University Campus Health Center to provide medical treatment for my child _____
for any illness or injury while my child is enrolled at Mercer University. (Student name)

Parent/Guardian Signature: _____ Date: _____

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 under age 18): _____ Date: _____

Current Insurance Company: _____ Member Name: _____

Member I.D. Number: _____ Group Number: _____

REQUIRED Immunizations (required for attendance at Mercer University)

Upload the following immunization records to the Immunization section in the "My Mercer" portal:

1. 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.
2. 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.
3. Completion of State of Georgia Meningococcal Disease Disclosure form with signature. {See required State of Georgia Meningococcal Disease (Meningococcal Meningitis) Disclosure}.

Recommended Immunizations (not required for attendance at Mercer University)

- Meningococcal Meningitis A,B,C,W, and Y (See required State of Georgia Meningococcal Disease Disclosure form)
- Tetanus (A tetanus booster is recommended every 10 years; Tdap is preferred)
- Varicella (Chicken Pox) (2 vaccines in this series)
- Hepatitis B (2 to 3 vaccines in this series depending on the vaccine administered)
- Influenza vaccine (yearly)