

REQUIRED CERTIFICATE OF IMMUNIZATION WAIVER

Name: _____
 Last, First MI

DOB: __/__/__

Morehouse ID# _____

Email address: _____

Cellular Number: _____

REQUIRED IMMUNIZATION INFORMATION

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	FIVE YEAR HISTO RY	DATE OF POSITIVE TITER (copy of lab report REQUIRED)
MMR ¹	/ /	/ /			
Measles ¹	/ /	/ /			/ /
Mumps ¹	/ /	/ /			/ /
Rubella ¹	/ /	/ /			/ /
Varicella ³	/ /	/ /		Date of Disease / /	/ /
Tetanus-Diphtheria Pertussis (Whooping Cough) ⁶	/ /	/ /	/ /	/ /	
Td booster ⁶	/ /				/ /
Hepatitis A ³	/ /	/ /			
Hepatitis B ²	/ /	/ /	/ /		
Meningococcal ⁴	/ /	MCV4 booster / /			Required for newly admitted freshmen and matriculated students planning to reside in campus housing.
Tuberculosis Screening (PPD) ⁵	Date Given / /	Date Read / /	Circle one Neg Pos	Induration (mm)	Date of chest x-ray / / (X-ray report is REQUIRED for positive PPD or if waiving out of screening.)
COVID	/ /	/ /	Vaccine Given: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson & Johnson	Type Series: <input type="checkbox"/> 1 Dose Series <input type="checkbox"/> 2 Dose Series	

***Note: No exemption for PPD (chest X-ray report required)**

No exemption for COVID-19 testing

PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION

- This student is exempt from the above immunizations on the ground of permanent medical contraindication.
- This student is temporarily exempt from the above immunization until _____.

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required) and provide detailed health evaluation for past five (5) years

Name: _____ Signature: _____

Address: _____

Phone: _____ Date: __/__/__

EXEMPTIONS

If you are claiming exemption of the immunizations this form must be signed and certified by your physician who can attest to your health for a t least 5 years. I affirm that Immunization as required by Morehouse College is in conflict for medical reasons. I understand that I am subject to exclusion in the event of an outbreak of a disease for which immunization is required.

- Military exemption – students who were active military within past 2 years must show proof of active military service.

Student signature: _____ Date: __/__/__ Semester and year: _____

1 Not required if born before 1957.

2 Only required of students who are 18 years of age or younger at time of expected matriculation.

3 Required for all US born students born in 1980 or later, all foreign-born students regardless of year born.

4 Only necessary if younger than 21 years of age and initial MCV4 dose was received before age 16 years.

5 Required of newly admitted freshman and transfers. Screening must be within last 12 months.

6 Primary series of four doses with DtaP or DTP. Td booster must be within the last 10 years.

Medical Office Stamp: