



Health Clinic Immunization Form

Name (Printed or Typed) KSU id #
 (or Social Security # if no KSU id)

Date of Birth

All students entering Kennesaw State University must supply proof of immunity to measles, mumps, rubella, varicella (chickenpox), and tetanus. All students 18 years or younger must show proof of 3 hepatitis B immunizations. If you are planning to live on campus, go to www.kennesaw.edu/residencelife/ for meningitis vaccine information. A nurse practitioner or physician must complete and sign the form below.

	MMR	Measles	Mumps	Rubella	Tetanus	Varicella	Hepatitis B
Date of Immunization	#1 _____ #2 _____				Within the past 10 years _____	#1 _____ #2 _____	#1 _____ #2 _____ #3 _____
Date of Disease					N/A		
Date of Positive Titer					N/A		
Temporary Medical Exemption & date it will end							
Permanent Medical Exemption attach explanation							

Name of Health Care Provider _____ Signature _____

Date Signed _____

Address and Phone Number _____

Religious Exemption: I affirm that immunizations are in conflict with my religious beliefs. I understand that I may be subject to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

Signature (only if declaring religious exemption) _____ Date _____

Return completed form to: KSU Health Clinic, House 52, 1000 Chastain Rd., Kennesaw, GA 30144-5591
or fax to : 678-797-2224