



Sandy McClure
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Student Counseling & Success Center
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CERTIFICATE OF IMMUNIZATION (Required for enrollment)

MUST BE COMPLETED BY DOCTOR OR HEALTHCARE PROVIDER
All students born in 1957 or later. All students attach titer results if done.

Student Name: Last _____ First _____ Middle _____

Gender: _____ Birthdate: ____/____/____

MMR (Measles, Mumps, Rubella): Two (2) doses are required for persons born after January 1, 1957

Dose 1 given at age 12 months or later #1 dose date: ____/____/____
Dose 2 given at least 28 days after dose 1 #2 dose date: ____/____/____
Or titer (attach titer results if done) Titer date: ____/____/____

Varicella (chicken pox): Two doses of vaccine or history of having disease. All U.S. born students born in 1980 or later and all foreign born students regardless of year born.

Self /parental reported history of disease not accepted

Date of dose #1: ____/____/____ Date of dose #2: ____/____/____
Or History of chicken pox or shingles: ____/____/____
Or titer date (attach titer results if done): ____/____/____

Tetanus – Diptheria (TD or Tdap): Tdap booster recommended for ages 11 – 64 unless contraindicated, must be within last 10 years.

Date of most recent booster dose: ____/____/____ Type of booster: Td ____ Tdap ____

Meningococcal/Meningitis: Please note, test results must be within last 5 years

Date of vaccine: ____/____/____
Date of Booster shot: ____/____/____
Other: ____/____/____

OPTIONAL/RECOMMENDED

Hepatitis A: Two doses: Date of dose #1 ____/____/____ Date of dose #2 ____/____/____

Hepatitis B: Three doses: Date of dose #1 ____/____/____ #2 ____/____/____ #3 ____/____/____

Signature and/or stamp of Healthcare

Provider: _____ Date _____

Address: _____

Phone: _____ Fax: _____

