



Immunization Sheet for Visiting Medical Students
Medical College of Georgia School of Medicine

ATTENTION APPLICANT: **ACCEPTANCE INTO AN ELECTIVE AT MCG IS NOT CONFIRMED UNTIL THIS FORM IS RETURNED.**

Name: _____ SS#: _____

Date of Birth: _____

Name & Address of Medical School: _____

Please check below **ONLY** if immunization is current.

I certify that the following information is accurate and current:

1. Measles, Mumps, Rubella (MMR) _____
(If applicable and current, skip to #2) If taken instead of MMR
 A. Measles (Rubella) _____
 B. Mumps _____
 C. Rubella _____
2. Tetanus–Diphtheria (Administered in the last ten years) _____
3. Tuberculosis PPD Skin Test (must be current at time of elective)
 Date of results: _____ Negative: Yes _____ No _____
4. Polio _____
5. Hepatitis B _____

Signature: _____

Student's Health Official or Administering Personnel

Printed name and telephone number

Completed form should be returned to:

Ms. Cora T. Harper
Medical College of Georgia
Curriculum Office, School of Medicine
1120th 15th Street, Room CB 1803
Augusta, GA 30912-4765
Phone: 706/721-9774 Fax: 706/ 721-7244