



**KENNESAW STATE UNIVERSITY**  
 DIVISION OF ENROLLMENT SERVICES  
 Enrollment Customer Service Center

**CERTIFICATE OF REQUIRED IMMUNIZATIONS**

Enrollment Customer Service Center

Submit to: <https://immunizations.kennesaw.edu/index.php>

900 Hornet Loop Suite B 141 MD 9015 Marietta, GA 30060

**RETAIN A COPY OF THE COMPLETED FORM FOR YOUR RECORDS**

KSU ID#: **00** \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_

If Antibody titer does not indicate immunity, injection series required.

**You must submit the antibody titer report on lab letterhead from a certified lab with definitive lab values**

		<p><b>You <u>must</u> submit the antibody titer report on lab letterhead from a certified lab with definitive lab values in English.</b></p>
<p><b>Tetanus, Diphtheria, Pertussis(Tdap)</b></p>	<p>Tdap _____ <b>(REQUIRED)</b></p>	<p>One dose of Tdap for all students. Must have occurred within the last ten years. Preferably administered after 11<sup>th</sup> birthday.</p>
<p><b>Hepatitis B OR Hep A-Hep B (Twinrix)</b></p>	<p>#1 _____          #2 _____          #3 _____  <b>OR</b> Attached antibody titer (blood test) lab report</p>	<p>All Students who will be 18 or younger on the first day of class.          If Antibody titer does not indicate immunity, injection series required.  <b>You <u>must</u> submit the antibody titer report on lab letterhead from a certified lab with definitive lab values in English.</b></p>
<p><b>Meningococcal (MCV4)</b></p>	<p>Menactra or Menveo _____  <b>Or</b>          Menactra or Menveo Booster, if first dose was less than 5 years from admittance _____</p>	<p>All students living in in KSU Campus Housing          A student may sign a statement of understanding in lieu of providing proof of immunization.          It is <b>strongly</b> recommended for all students under the age of 22.</p>



