Newnan Presbyterian School

Immunization Requirements

The Coweta County Health Department and the State of Georgia require the following forms to be on file at Newnan Presbyterian School for each child in attendance.

- Immunization Form 3231, that your Pediatrician can provide, or a notarized Religious Exemption from Immunizations Form 2208 (revised June 2019), that can be found on our website at www.newnanps.org.

  If the school already has this form on file for your child, you will be notified within 30 days of the form expiring so that you can get the needed immunizations for your child and return an updated form to the school. An updated, non-expired Form 3231 MUST be on file with the school no more than 30 days after the previous form expires.

  A photo copy of the signed certificate is acceptable but **may not be altered** in any way (no white out).

- Eye, Ear, and Dental Examination Form 3300
  This form must on file for all students in Grade 1 and above.

Please be advised that **Georgia Law REQUIRES** the school to have current copies of these forms on file or your child CANNOT attend school until an updated form is provided.

Rev. 07/2020

Georgia Department of Public Health

Form **3231**

CERTIFICATE OF IMMUNIZATION

Child's Name (Last name, First name)

Birthdate

(Optional) Parent/Guardian Name (Last name, First name)

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Office.

Date of Expiration

(Next required immunization or review of medical exemption due.)

(Fill in X)

Complete For K through 6th Grade

Child must be >= 4 years and have met all requirements for school attendance.

(Fill in X)

Complete For 7th through 10th Grade

Fulfills requirements K through 6th grade AND must have Tdap and MCV4 administered.

(Fill in X)

Complete For 11th Grade and higher

Fulfills requirements K through 10th grade AND must have MCV4 booster dose administered on or after 16th birthday.

VACCINE	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	Total Doses	Diagnosed	Serology+	History	Med. Exemption
Required Vaccines for School or Child Care Attendance											
DTP,DTaP,DT,Td							0				
Polio							0				
Hepatitis B							0				
Tdap							0				
MCV4							0				
HIB (Under Age 5)							0				
PCV (Under Age 5)							0				
Measles							0				
Mumps							0				
Rubella							0				
Hepatitis A (Born on/after 1/1/06)							0				
Varicella							0				
Recommended Vaccines (For Information Only)											
Rotavirus							0				
HPV							0				
Influenza							0				
Td (booster)							0				
Men-B							0				

SAMPLE

Notes:

A licensed Georgia physician, **Advanced Practice Registered Nurse, Physician Assistant**, qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate box(es).

The certificate is NOT valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, legible name and address of the physician, Advanced Practice Registered Nurse, Physician Assistant or health department, certified by signature and a date of issue.

A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. **When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.**

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Department

Certified by (Signature/Signature Stamp) **Date of Issue**

PRINTED BY GEORGIA IMMUNIZATION REGISTRY (GRITS)

Georgia Department of Public Health

AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION

_____ (name of parent or guardian) personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I am the parent or legal guardian of _____ (name of minor child), born on _____ (date of birth).
2. I understand that the Georgia Department of Public Health requires children to obtain vaccinations against the following diseases before being admitted to a child care facility or school: diphtheria; Haemophilus influenzae type B (not required on or after the fifth birthday); hepatitis A; hepatitis B; measles; meningitis; mumps; pertussis (whooping cough); pneumococcal disease (not required on or after the fifth birthday); poliomyelitis; rubella (German measles); tetanus; and varicella (chickenpox).
3. I understand that the Georgia Department of Public Health has determined:
   a. that the required vaccinations are necessary to prevent the spread of dangerous diseases among the children and people of this State;
   b. that the required vaccinations are safe;
   c. that a child who does not receive the required vaccinations is at risk of contracting those diseases; and
   d. that a child who does not receive the required vaccinations is at risk of spreading these diseases to me, to other children in the child care facility or school, and to other persons.
4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to vaccination are not based solely on grounds of personal philosophy or inconvenience.
5. I understand that, notwithstanding my religious objections, my child may be excluded from child care facilities or schools during an epidemic or threatened epidemic of any disease preventable by a vaccination required by the Georgia Department of Public Health, and that my child may be required to receive a vaccination in the event that such a disease is in epidemic stages, as provided in Georgia Code Section 31-12-3 and DPH Rule 511-9-1-.03(2)(d).

This ____ day of _____, _____.

_____
Parent or Legal Guardian

Sworn and subscribed before me
this ___ day of _____, _____.

_____
Notary Public
My commission expires _____.

Form 2208
Revised June 2019