RULES OF THE
DEPARTMENT OF PUBLIC HEALTH

CHAPTER 511-2-2
IMMUNIZATION OF SCHOOL CHILDREN

511-2-2-.02 Immunization Required.
511-2-2-.07 Religious Objections to Required Immunizations.

511-2-2-.02 Immunization Required.

(a) Except as otherwise provided, immunization against the following diseases shall be required of all children entering a school or childcare facility operating in the state:

(1) Diphtheria;
(2) Haemophilus influenzae type B (not required on or after the fifth birthday);
(3) Hepatitis A;
(4) Hepatitis B;
(5) Measles;
(6) Meningitis;
(7) Mumps;
(8) Pertussis;
(9) Pneumococcal disease (not required on or after the fifth birthday);
(10) Poliomyelitis;
(11) Rubella (German measles);
(12) Tetanus; and
(13) Varicella (chickenpox).

(b) A parent or guardian must submit a valid Certificate of Immunization for any child entering a school or childcare facility in the state of Georgia for the first time.

(c) School or childcare facility officials may allow a child without a valid certificate of immunization to attend for no more than 90 calendar days after the first day of attendance, provided that the parent or legal guardian either shows that the child is in the process of completing required immunizations and that immunizations are being scheduled with the shortest intervals recommended in the current Official Immunization Schedules, or presents an affidavit of religious objection as provided in DPH Rule 511-2-2-.07.
(d) Effective July 1, 2014, for entrance into Georgia school grades kindergarten through twelve, students must have a total of two doses of measles vaccine, two doses of mumps vaccine, one dose of rubella vaccine and a total of two doses of varicella vaccine.

(e) Children attending any childcare facility must show evidence of protection against pneumococcal disease.

(f) Children born on or after January 1, 2006 who are attending any childcare facility or school must have proof of protection against hepatitis A disease (vaccination or serology).

(g) Requirements for hepatitis A, hepatitis B, measles, mumps, rubella, and varicella vaccines may be waived with serologic proof of immunity. Requirements for varicella vaccine may be waived also with a healthcare provider diagnosis of varicella disease or healthcare provider verification of history of varicella disease.

(h) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of Tdap vaccine.

(i) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of meningococcal conjugate vaccine.

(j) Effective July 1, 2020, children sixteen years of age and older who are attending eleventh grade must receive a booster dose of meningococcal conjugate vaccine, unless their initial dose was administered on or after their sixteenth birthday.


511-2-2.07 Religious Objections to Required Immunizations.

(a) Except as provided in subsection (b) below, a child shall be exempt from the required immunizations if the parent or legal guardian has filed with the school or childcare facility a completed affidavit on DPH Form 2208.

(b) When the Department or a County Board of Health determines that an epidemic or the threat of an epidemic exists, the Department or Board shall immediately notify the governing authorities of all schools and childcare facilities within the affected area. Under those circumstances, the Department or Board may require immunization for those who object on the grounds of religious beliefs, and may prohibit attendance at schools or childcare facilities within the area by unimmunized children.

(c) Persons who wish to register a religious objection to the vaccination of their child shall do so using the following DPH Form 2208:
AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION

[Name of parent or legal 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 childcare 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 childcare 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 childcare 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 ________________.