

GUIDELINES FOR COMPLETING THE IMMUNIZATION RECORD
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IMPORTANT: The immunization requirements must be met or according to NC law, you will be withdrawn from classes without credit.

Be certain that your **Name, Date of Birth, and Student ID Number appear on each sheet** and that all forms are uploaded or faxed together. **The records must be in black ink and the dates of vaccine administration must include the month, and the year. International documents and records should be translated into English with dates in mm/dd/yyyy format.**

Acceptable Records of your Immunizations may be obtained from any of the following:

- Personal Shot Records - Must be verified by a doctor's stamp or signature or by a clinic or health department stamp.
- Local Health Department
- Military Records or WHO (World Health Organization) Documents - These records may not contain all the required immunizations.
- Previous College or University Records - Your immunization records do not transfer automatically. You must request a copy.

SECTION A: COLLEGE/UNIVERSITY VACCINES AND NUMBER OF DOSES REQUIREMENTS								
VACCINE REQUIRED	Diphtheria, Tetanus, and/or Pertussis¹	Polio²	Measles³	Mumps⁴	Rubella⁵	Hepatitis B⁶	Varicella⁷	Meningococcal conjugate⁸
DOSES REQUIRED	3	3	2	2	1	3	1	2 or 1

Footnote 1 - Three doses are required for individuals entering college or university. Individuals entering college or university for the first time on or after July 1, 2008 must have had three doses of tetanus/diphtheria toxoid; one of which must be tetanus/diphtheria/pertussis.

Footnote 2 - An individual attending school who has attained his or her 18th birthday is not required to receive polio vaccine.

Footnote 3 - Measles vaccines are not required if any of the following occur: Physician diagnosis of disease prior to January 1, 1994; An individual who has been documented by serological testing to have a protective antibody titer against measles and submits the lab report; or an individual born prior to 1957. An individual who enrolled in college or university for the first time before July 1, 1994, is not required to have a second dose of measles vaccine.

Footnote 4 - Mumps vaccine is not required if any of the following occur: An individual who has been documented by serological testing to have a protective antibody titer against mumps and submits the lab report; An individual born prior to 1957; or enrolled in college or university for the first time before July 1, 1994. An individual entering college or university prior to July 1, 2008, is not required to receive a second dose of mumps vaccine.

Footnote 5 - Rubella vaccine is not required if any of the following occur: 50 years of age or older; Enrolled in college or university before February 1, 1989 and after their 30th birthday; An individual who has been documented by serological testing to have a protective antibody titer against rubella and submits the lab report.

Footnote 6 - Hepatitis B vaccine is not required if any of the following occur: Born before July 1, 1994. The 2 dose series of Heplisav - B will be accepted in the place of three doses of Hepatitis B vaccine requirement if received at the age of 18 years or older.

Footnote 7 - Varicella not required if any of the following occur: Born before April 1, 2001.

Footnote 8 - Meningococcal conjugate vaccine is not required if any of the following occur: Born before January 1, 2003. Or one dose of MenACWY received at age 16 or later.

UPLOAD PAGE 1 AND ALL DOCUMENTS/ RECORDS TO THE PATIENT PORTAL ACCESSED FROM THE SHS WEBPAGE

THIS FORM MUST BE COMPLETED AND SIGNED BY DOCTOR/PHYSICIAN OR CLINIC				
Last Name		First Name	MI	Date of Birth
Student ID#				
HAVE YOU PREVIOUSLY ATTENDED A FOUR-YEAR COLLEGE/UNIVERSITY? NO If YES, when?				
Where did you previously attend?				
SECTION A: REQUIRED IMMUNIZATIONS		DOB = Date of Birth or Birthdate		
VACCINE (TOTAL DOSES NEEDED)	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
DTP/DTap/Td (2)				
Tdap Booster (1)				
Polio (3) required if ≤ 17 years of age				
Hepatitis B (3) required if DOB $\geq 7/1/1994$ OR (2) Hcpilisav-B if ≥ 18 years of age				TITERS NOT ACCEPTED
MMR Series: Measles, Mumps, Rubella (2)				
Measles (2) given after 1 st birthday same as MMR			Date of Disease:	*Titer Date & Result submit lab report
Mumps (2) given after 1 st birthday same as MMR			Disease Date NOT ACCEPTED	*Titer Date & Result submit lab report
Rubella (1) given after 1 st birthday same as MMR			Disease Date NOT ACCEPTED	*Titer Date & Result submit lab report
Varicella (1) required if DOB $\geq 4/1/2001$			Date of Disease:	*Titer Date & Result submit lab report
Meningococcal conjugate MCV (2) required if DOB $\geq 1/1/2003$ OR (1) if first dose received at age 16 or later				TITERS NOT ACCEPTED
SECTION B: RECOMMENDED IMMUNIZATIONS	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	
Human Papillomavirus (Cervarix/Gardasil)				
Meningococcal B vaccine (Bexsero/Trumenba)				
SECTION C: INTERNATIONAL STUDENTS AND/OR NON-US CITIZENS ONLY				
Any student meeting the above designation must satisfy all the parts under SECTION A and complete <u>one</u> of the TB tests below. The TB test must be administered and read at an appropriate US medical facility within 12 months before the first day of class. A chest x-ray is required if the test is positive.				
Tuberculin Skin Test (TST) *Must submit Xray report if positive	Date Resulted:	mm induration:	Chest Xray date:	Chest Xray result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
IGRA (QuantiFERON or T-Spot) Test *Must submit lab report *Must submit Xray report if positive	Date Resulted:	Lab Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Chest Xray date:	Chest Xray result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Signature and Credentials of HealthCare Provider or Clinic Stamp				Date
Printed Name and Credentials of HealthCare Provider				Phone Number
Office/Clinic Street Address	City	State	Zip Code	