NCCentral UNIVERSITY
Student Health Center

Dear Student,

Thank you for choosing North Carolina Central University for your educational journey. This document will explain the steps regarding uploading your immunization records, electronically submitting your medical health documentation, and the waive / enroll process.

Student Health Services adheres to the statues set by the North Carolina Department of Health and Human Services (NC DHHS). North Carolina State Law (General Statue 130A 152-157) requires eligible students (undergraduate and graduate) to present proof of immunizations prior to registration to protect you and others while you are at the university. Under North Carolina regulations, a student may be dropped from classes **for non-compliance.**

Step # 1 Immunization Requirements

Students 18 years of age or older ..... You may be missing the following Immunization requirements please check your Patient Portal at https://nccu.medicatconnect.com/

* Tetanus (DTP, DTap, Td, Tdap) – 3 doses are required of which one must have been within the past 10 years
* MMR (Measles, Mumps, Rubella) – 2 doses are required
* Hepatitis B (Hep B) – 3 doses are required for students born on or after July 1, 1994
* Polio (OPV, IPV) – 3 doses are required for students under age 18
* Varicella (VAR) – 2 doses are required for students born on or after April 1, 2001
* Meningococcal Vaccine – 2 doses are required for students born on or after January 1, 2003

TB skin test (PPD or TST) or QuantiFERON-TB Gold Plus – are required for International Students ONLY (Students with a Green Card or Born on USA Military Base are exempt).

Please follow the steps below to submit your immunization information.

Next Step "1A": Log In

You may login to Patient Portal at https://nccu.medicatconnect.com/ by using your NCCU E-mail credentials.

Next Step "1B": Upload

We are required by law to have a copy of your immunization record. The record must have a health care provider's name and address and/or clinic stamp with the clinic's address. Upload your Immunization record under the "Upload" tab.

Accepted Forms of Immunization Documentation Include:

- Government or Health Department issued Personal Immunization Record
- High School Transcript or College/University Record
- Military Record with clinic stamp that includes the clinic's address
- Physician/Clinic Office Record with a clinic stamp that includes the clinic's address
- NC Immunization Registry or Other State Immunization Registry Records
- American Academy of Pediatrics Immunization Form with a clinic stamp that includes the clinic's address
- World Health Organization International Certificate of Vaccination

NC Central University
Student Health Center

First, create image files of your completed Immunization Verification Form and other related documents. Here are some steps that may help you do this:

- Take a picture of the completed Immunization Verification Form with a camera or mobile device camera, making sure that the picture is legible. Save the images to your computer if completing the process by computer. If completing on your mobile device, you can use images directly from the device. Please be sure to only upload images of the Immunization Verification Form and related documents as these images become a permanent part of your medical record.

- Another option is to scan your Immunization Verification Form and related documents to your computer. You must be sure to save the files as an image file such as jpg, jpeg, png, gif and make sure the file size is under 4MB.

Next Step "1C": Enter Vaccination Dates

Enter your vaccination dates in the immunization section by clicking on the "Immunization" tab.

- Go to the bottom of the page to the "Required and Recommended" sections.
- Key in each date for the immunization showing on your documentation.
- Once you are finished entering your vaccination dates, please click the "Submit" button in the bottom right corner.

Step # 2 Complete the following Fillable Forms

Please log in to the Student Patient Portal https://nccu.medicatconnect.com/to upload and complete the required health information. You may also scan this QR code.

a) NCCU Medial Form
b) Note of Privacy Practices
c) Consent for Treatment
d) Texting Opt-in / Opt- Out
e) Patient Financial Response

Deadline: Fall August 1st
Spring January 5th

Once immunization records have been verified by SHS Staff, the status on the "Immunization" screen will change from "Not Compliant" to "Compliant." Since school has started, any communication from the Student Health Services' immunization department will be in the form of an email / or secure messaging via the Patient Portal directly to the student.

We look forward to having you as a student and serving you at Student Health Services.

PLEASE CHECK YOUR PATIENT PORTAL TO MAKE SURE YOU HAVE COMPLETED ALL THE STEPS

Step # 3 Student Blue Enroll / Waive

To waive / enroll in the Student Health Insurance Plan, students must complete the online process at https://www.bcbsnc.com/content/studentblue/nccu/index.htm?page=welcome. **Deadline to waive /enroll is for the Fall September 10 and Spring January 31.**

GUIDELINES FOR COMPLETING THE IMMUNIZATION RECORD

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 Pertussis[1]	Polio[2]	Measles[3]	Mumps[4]	Rubella[5]	Hepatitis B[6]	Varicella[7]	Meningococcal conjugate[8]
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: Bom 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

NCCentral UNIVERSITY
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NCCU Student Health Center 200 Cafeteria Drive Durham, NC 27707 Telephone: (919) 530-6317

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 ≥ 7/1/1994 OR (2) Heplisav-B if ≥ 18 years of age				**TITERS NOT ACCEPTED**
MMR Series: Measles, Mumps, Rubella (2)				
Measles (2) given after 1st birthday same as MMR			Date of Disease:	*Titer Date & Result submit lab report
Mumps (2) given after 1st birthday same as MMR			Disease Date NOT ACCEPTED	*Titer Date & Result submit lab report
Rubella (1) given after 1st birthday same as MMR			Disease Date NOT ACCEPTED	*Titer Date & Result submit lab report
Varicella (1) required if DOB ≥ 4/1/2001			Date of Disease:	*Titer Date & Result submit lab report
Meningococcal conjugate MCV (2) required if DOB ≥ 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 one 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: ❑ Negative ❑ Positive
IGRA (QuantiFERON or T-Spot) Test ***Must submit lab report** ***Must submit Xray report if positive**	Date Resulted:	Lab Test Results: ❑ Negative ❑ Positive	Chest Xray date:	Chest Xray result: ❑ Negative ❑ 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

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PHYSICAL EXAMINATION FORM

Full Name: _____ Date of Birth (MM/DD/YY: _____ Sex: MALE or FEMALE
Address: _____ Phone number: _____
Banner: _____

******MEDICAL EVALUATION: TO BE COMPLETED ONLY BY MEDICAL PERSONNEL******

MEDICAL HISTORY:

Drug Allergies: _____ Current Medications: _____ LMP: _____
Height: _____ Weight: _____ Temp: _____ Resting HR: _____ Respiratory Rate: _____ BP: _____/_____ Repeat BP: _____/_____
Vision: R 20/_____ L 20/ _____ Corrected Y N Hearing: Right _____ Left: _____ Not Assessed_____
Date of Assessment: _____

	Denies	Admits, explain
Any known medical conditions		
Any recent illnesses or injuries		
Any history of hospitalizations or surgeries		
Any history of chest pain, shortness of breath, lightheadedness or passing out during or after working out		
Any recent history of being restricted from participating in work, classroom or physical activity		

PHYSICAL EXAM:

System	Normal	Abnormal Findings (attach additional documentation if needed)
Appearance (WDWN, NAD)		
HEENT (NCAT, PERRLA, EOMI, TMs clear, pharynx clear)		
Lymph nodes (no apparent adenopathy)		
Respiratory (CTAB, no wheezes/rales/rhonchi)		
Cardiovascular (RRR, w/o MRG)		
Pulses (equal bilaterally all extremities)		
Gastrointestinal (BS normal x 4, soft, NTND)		
Genitourinary (no hernia, no abnormal findings)		
Musculoskeletal (Full ROM, equal strength)		
Metabolic/Endocrine (no thyromegaly, acanthosis, goiter, gynecomastia, skin changes, etc)		
Mammary (no lumps, rashes, galactorrhea)		
Skin (no rashes or lesions on exposed area)		
Neuro (CN II-XII grossly intact, gait normal)		
Psych (A&O x 3, mood appropriate)		

CLEARANCE

1. Is there a loss or seriously impaired function of any organs? Yes: _____ No: _____
   a. Explain:
   _____
2. Is the student under treatment for any medical or emotional condition? Yes: _____ No: _____
   a. Are these conditions controlled at this time? Yes: _____ No: _____
   b. Explain:
   _____
3. Recommendation for physical activity (physical education, intramurals, etc) Unlimited _____ Limited _____
   a. Explain
   _____
4. Is the student physically and emotionally healthy to attend a collegiate level academic program? Yes _____ No _____
   a. Explain _____

Physician/Physician Assistant/Nurse Practitioner Signature **Physician/Physician Assistant/Nurse Practitioner Printed Name** **Date**:

_____ _____ _____

OFFICE STAMP OR ADDRESS AND PHONE NUMBER: