

UNC Greensboro Student Health Center Immunization Dept. | 107 Gray Drive | Greensboro, NC 27412

UNC-GREENSBORO-IMMUNIZATION RECORD

Last Name	First Name	Middle Name	Date of Birth	Student ID #
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HAVE YOU PREVIOUSLY ENTERED A FOUR YEAR COLLEGE/UNIVERSITY? NO If YES, when?

Where did you previously attend a four year college/university?

Forms to be completed and signed by a physician or clinic

SECTION A: REQUIRED IMMUNIZATIONS MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY

All students must submit documentation of 3 DTP,DTaP,Td or Tdap vaccines regardless of age. One MUST be a Tdap

DTP/DTap/Td				
Tdap booster				
Polio 3 doses (required if ≤ 17 years of age)				
Hepatitis B 3 doses (required if born on or after July 1, 1994)	OR			TITER NOT ACCEPTED
Hepatitis B (HepIsav-B, 2 doses: if ≥ 18 years of age)				
MMR Series: <u>M</u> easles, <u>M</u> umps, <u>R</u> ubella: (given after 1 st birthday)				
Measles 2 doses (given after 1 st birthday)			Disease Date:	*Titer Date & Result submit lab report
Mumps 2 doses (given after 1 st birthday)			Disease Date NOT Acceptable	*Titer Date & Result submit lab report
Rubella 1 dose (given after 1 st birthday)			Disease Date NOT Acceptable	*Titer Date & Result submit lab report
Varicella (required if born on or after April 1, 2001)			Disease Date:	*Titer Date & Result submit lab report

INTERNATIONAL STUDENTS and/or non-US Citizens: Vaccines are required as noted above. Additionally, these students are required to have a TB test that has been administered and read at an appropriate US medical facility within the 12 months prior to the first day of class. (Chest x-ray is required if test is positive).

Tuberculin Skin Test (TST)	Date Resulted				Chest X-ray date:
	mm induration	mm	Chest X-ray Required if TB test is positive		
IGRA (QuantiFERON or T-Spot) Test	Date Resulted				Chest X-ray result:
*Must submit lab report		<input type="checkbox"/> negative			<input type="checkbox"/> negative
*Must submit chest x-ray report if indicated		<input type="checkbox"/> positive			<input type="checkbox"/> positive

SECTION B: RECOMMENDED IMMUNIZATIONS MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY

Meningococcal vaccine (MenACYW: Menactra, Menveo, Menomune, MPSV4)				
Meningococcal B vaccine (Bexsero, Trumenba) <small>Please discuss risks & benefits with your medical provider</small>				
Hepatitis A vaccine				
Hepatitis A/B combined vaccine (Twinrix)				
Pneumococcal vaccine				
Human Papillomavirus/HPV (Cervarix, Gardasil, Gardasil 9)				

*Must attach a copy of the laboratory/CXR results *Signature or Clinic Stamp Required

Signature and Credentials of HealthCare Provider _____ Date _____

Print Name and Credentials of HealthCare Provider _____ Phone number _____

Office/Clinic Street Address _____ City _____ State _____ Zip Code _____

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 ID Number appear on each sheet and that all forms are mailed together. The records must be in black ink and the dates of vaccine administration must include the month, day, and the year.

Please Keep a Copy for Your Records.

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 of 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

(for further information: <http://www.immunizenc.com/college.html>)

VACCINE REQUIRED REVIEW ALL FOOTNOTES BELOW	Diphtheria, Tetanus, and/or Pertussis ¹	Polio ²	Measles ³	Mumps ⁴	Rubella ⁵	Hepatitis B ⁶	Varicella ⁷
Doses Required	3	3	2	2	1	3	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 Hepisav - 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.

INTERNATIONAL STUDENTS and/or non-US Citizens: Vaccines are required as noted above. Additionally, these students are required to have a TB test that has been administered and read at an appropriate US medical facility within the 12 months prior to the first day of class. (Chest x-ray is required if test is positive).

SECTION B: RECOMMENDED VACCINES

These vaccines are RECOMMENDED. Some may be required by certain departments. Consult your college or department for specific requirements.

North Carolina House Bill 825 requires public and private institutions with on-campus residents to provide information about meningococcal disease. Attached to this form is information regarding meningococcal disease, including recommendations from the Centers for Disease Control of the U.S. Public Health Service. Please record on the front of this form whether or not you have received the meningococcal vaccine. If yes, please note the month, day, and year of the vaccination.

SECTION C: OPTIONAL VACCINES

These vaccines are optional.



UNC
GREENSBORO

Division of Student Affairs
Student Health Services

PLEASE READ

While the COVID 19 vaccine is **not required**, it is **strongly encouraged**. If you have received vaccination for COVID 19, please submit a copy of your card to the Patient Portal along with your immunization form.

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name: _____ First Name: _____ MI: _____

Date of birth: _____ Patient number (medical record or IIS record number): _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19		mm / dd / yy	
2 nd Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	

UNCG Students can access their Patient Portal by visiting the Student Health Services website at shs.uncg.edu.

1. Click, "**Patient Portal**" button on SHS homepage.
2. Next, select your home organization (your college).
3. Login with your UNCG username and password.
4. On the Patient Portal home screen, select the "**Upload**" tab in the horizontal menu.
5. Upload documents from your computer into the Patient Portal. (please check file format & file size).

1. COVID-19: Isolation Basics

Patient Portal Login

2. Please choose your home organization:

University of North Carolina at Greensboro

Select

3. Enter password

Password

Forgot my password

Sign in

4. Upload