



Gove Student Health Center Immunization Office | 107 Gray Drive | Greensboro, NC 27412

**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?																								
<b>SECTION A: REQUIRED IMMUNIZATIONS      DOB = Date of Birth or Birthdate</b>																								
<b>VACCINE (TOTAL DOSES NEEDED)</b>					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 <b>OR</b> (2) HepIsav-B if ≥ 18 years of age																				<b>TITERS NOT ACCEPTED</b>				
MMR Series: Measles, Mumps, Rubella (2)																								
Measles (2) given after 1 <sup>st</sup> birthday same as MMR															Date of Disease:					*Titer Date & Result submit lab report				
Mumps (2) given after 1 <sup>st</sup> birthday same as MMR															Disease Date NOT ACCEPTED					*Titer Date & Result submit lab report				
Rubella (1) given after 1 <sup>st</sup> 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 <b>OR</b> (1) if first dose received at age 16 or later																				<b>TITERS NOT ACCEPTED</b>				
<b>SECTION B: RECOMMENDED IMMUNIZATIONS</b>					MM/DD/YYYY					MM/DD/YYYY					MM/DD/YYYY									
Human Papillomavirus (Cervarix/Gardasil)																								
Meningococcal B vaccine (Bexsero/Trumenba)																								
<b>SECTION C: INTERNATIONAL STUDENTS AND/OR NON-US CITIZENS ONLY</b>																								
<b>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.</b>																								
<b>Tuberculin Skin Test (TST)</b> <b>*Must submit Xray report if positive</b>					Date Resulted:					mm induration:					Chest Xray date:					Chest Xray result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive				
<b>IGRA (QuantiFERON or T-Spot) Test</b> <b>*Must submit lab report</b> <b>*Must submit Xray report if positive</b>					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				

**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 <sup>1</sup>	Polio <sup>2</sup>	Measles <sup>3</sup>	Mumps <sup>4</sup>	Rubella <sup>5</sup>	Hepatitis B <sup>6</sup>	Varicella <sup>7</sup>	Meningococcal conjugate <sup>8</sup>
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](#)**