

# UNIVERSITY OF NORTH CAROLINA AT GREENSBORO - IMMUNIZATION RECORD

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Last Name
First Name
Middle
Date of Birth ( MM/DD/YYYY )
Student ID#

## SECTION A REQUIRED IMMUNIZATIONS

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

Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
DTaP/DTP/Td (Diphtheria/Tetanus/Pertussis or Tetanus/Diphtheria Toxoid)				
Tdap booster (All Students MUST show proof of a Tdap booster)				
Polio (3 doses, only required if 17 years of age or younger)				
MMR (Measles, Mumps, Rubella – 2 MMR vaccines required on or after first birthday OR 2 Measles, 2 Mumps and 1 Rubella single doses OR positive Measles, Mumps, Rubella titers)				
Measles (2 required on or after first birthday OR positive titer OR documented disease date)			Disease Date	**Titer Date & Result
Mumps (2 required on or after first birthday OR positive titer)			(Disease Date NOT Accepted)	**Titer Date & Result
Rubella (1 required on or after first birthday OR positive titer)			(Disease Date NOT Accepted)	**Titer Date & Result
Hepatitis B Series (only required if born after July 1, 1994)				<b>Titer NOT Accepted for required Hep B Series</b>
Varicella ( 1 dose if born on or after April 1, 2001 )			Disease Date	**Titer Date & Result

## SECTION B RECOMMENDED IMMUNIZATIONS

Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Meningococcal vaccine (Menactra, Menveo, Menomune, MPSV4, MCV4)				
Meningococcal B vaccine (Bexsero or Trumenba - Please discuss risks and benefits of this vaccine with your medical provider)				
Hepatitis A				
Hepatitis A/B combination series				
Pneumococcal				
Human Papillomavirus (HPV)				
Tuberculin Skin Test (TST)	Date Read			
	mm induration	mm	mm	mm
	Date of IGRA (QuantiFERON or T-SPOT) test		**Chest X-ray Date	
	Result of IGRA test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	**Chest X-ray Result	<input type="checkbox"/> Positive <input type="checkbox"/> Negative

\*\* Must attach a copy of all laboratory and Chest X-ray results

\_\_\_\_\_  
Signature and Credentials of Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Credentials of Health Care Provider

\_\_\_\_\_  
Area Code/Phone Number

\_\_\_\_\_  
Office 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>)

<b>VACCINE REQUIRED</b> <small>REVIEW ALL FOOTNOTES BELOW</small>	<b>Diphtheria, Tetanus, and/or Pertussis<sup>1</sup></b>	<b>Polio<sup>2</sup></b>	<b>Measles<sup>3</sup></b>	<b>Mumps<sup>4</sup></b>	<b>Rubella<sup>5</sup></b>	<b>Hepatitis B<sup>6</sup></b>	<b>Varicella<sup>7</sup></b>
<b>Doses Required</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>

**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 30<sup>th</sup> 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.

**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.