

GUIDELINES FOR COMPLETING IMMUNIZATION RECORD

IMPORTANT – The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit.

Acceptable Records of Your Immunizations May be Obtained from Any of the Following: (Be certain that your name, date of birth, and ID Number appears 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 year. **Keep a copy for your records.**)

- High School Records – These may contain some, but not all of your immunization information. Contact Student Health for help if needed. **Your immunization records do not transfer automatically. You must request a copy to be sent to Health Service.**
- Personal Shot Records – Must be verified by a doctor's stamp or signature or by a clinic or health department stamp and include name and address of the MD or Health Department administering the immunization.
- Local Health Department
- Military Records or WHO (World Health Organization Documents)
- Previous College or University – **Your immunization records do not transfer automatically. You must request a copy to be sent to Health Service.**

| SECTION A: | IMMUNIZATION REQUIREMENTS ACCORDING TO AGE | | | | |
|---|---|---------------------------|-------------------------|---------------------------|--|
| STUDENTS 17 YEARS OF AGE AND YOUNGER | | | | | |
| DTP, Tdap, or Td ¹ 3 | Polio 3 | Measles ² 2 | Mumps ³ 2 | Rubella ³ 1 | |
| STUDENTS BORN IN 1957 OR LATER AND 18 YEARS OF AGE OR OLDER | | | | | |
| DTP, Tdap, or Td ¹ 3 | Polio 0 | Measles ² 2 | Mumps ³ 2 | Rubella ³ 1 | |
| STUDENTS 50 YEARS OF AGE AND OLDER | | | | | |
| DTP, Tdap, or Td ¹ 3 | Polio 0 | Measles 0 | Mumps 0 | Rubella 0 | |
| INTERNATIONAL STUDENTS | | | | | |
| Vaccines are required according to age (refer to appropriate box). Additionally, International students are required to have a TB skin test and negative result within the 12 months preceding the first day of classes (chest x-ray required if test is positive). | | | | | |

1. DTP (Diphtheria, Tetanus, Pertussis), Tdap (Tetanus, Diphtheria, Pertussis), Td (Tetanus, Diphtheria): At least one form of tetanus must be within the last ten years
2. Measles: One dose on or after 12 months of age; second at least 30 days later. Must repeat Rubeola (measles) vaccine if received even one day prior to 12 months of age. History of measles disease prior to Jan 1, 1994, diagnosed by a physician licensed to practice medicine as having measles (Rubeola) disease shall not be required to receive measles vaccine. Lab proof of immunity for Rubeola is acceptable.
3. Two doses on or after 12 months of age. Laboratory proof of immunity to rubella or mumps disease is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician, is not acceptable.

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| SECTION B: | These vaccines are RECOMMENDED . Some may be required by certain departments. Consult your college or department for specific requirements. |
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North Carolina law 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.

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| SECTION C: | These vaccines are OPTIONAL . |
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|---|------------|-------------|--------------------------------|------------------------|
| IMMUNIZATION RECORD | | | | |
| (Please print in black ink) To be completed and signed by PHYSICIAN or CLINIC. A complete immunization record from a physician or clinic may be attached to this form. | | | | |
| Last Name | First Name | Middle Name | Date of Birth (mo/day/year) | Social Security Number |

Provision of Social Security number is voluntary, is requested solely for administrative convenience and record-keeping accuracy, and is requested only to provide personal identifier for the internal records of this institution.

| SECTION A: REQUIRED IMMUNIZATIONS | Mo/day/year | Mo/day/year | Mo/day/year | Mo/day/year |
|---|-------------|-------------|--------------------------------|---------------------------|
| | (#1) | (#2) | (#3) | (#4) |
| DTP or Td | | | | |
| Td <i>Booster or Tdap booster within 10 years</i> | | | | |
| Polio | | | | |
| MMR (after first birthday) | | | | |
| MR (after first birthday) | | | | |
| * Measles (after first birthday) | | | *Disease Date NOT Accepted | ***Titer Date & Result |
| ** Mumps | | | **Disease Date NOT Accepted | ***Titer Date & Result |
| ** Rubella | | | **Disease Date NOT Accepted | ***Titer Date & Result |

| SECTION B: RECOMMENDED IMMUNIZATIONS | | | | |
|--|----------------------------|--|--------------|------------------------|
| The following immunizations are recommended for all students and may be required by certain departments. Please consult your department materials for specific requirements. Tuberculin is required for all international students in addition to the above required immunizations. | | | | |
| Meningococcal | | Received the meningococcal vaccine? No Yes | | |
| If Yes, please indicate date(s) vaccine was received (mo/day/year) | | | | |
| Hepatitis B Series | | Mo/day/year | Mo/day/year | Mo/day/year |
| Hepatitis A/B Series | | | | ***Titer Date & Result |
| Varicella (chicken pox) series of 2 doses or Immunity by positive blood titer | | | Disease Date | ***Titer Date & Result |
| Tuberculin (PPD) (within 12 months) | Date Read mm induration | | | |
| Chest x-ray, if positive PPD | Date Results | | | |
| Treatment, if applicable | Date | | | |

***Attach lab report

| SECTION C: OPTIONAL IMMUNIZATIONS | Mo/day/year | Mo/day/year | Mo/day/year |
|-----------------------------------|-------------|-------------|-------------|
| Haemophilus influenzae type b | | | |
| Pneumococcal | | | |
| Hepatitis A series only | | | |
| Other | | | |
| | | | |
| | | | |

- * Rubeola (measles) vaccine must be repeated if received even one day prior to 12 months of age. History of physician-diagnosed measles Disease is acceptable, but physician must provide a signed statement.
- ** Only laboratory proof of immunity to rubella or mumps is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician, is not acceptable.

Signature of Clinic stamp REQUIRED:

Signature of Physician/Physician Assistant/Nurse Practitioner

Date

Print Name of Physician/Physician Assistant/Nurse Practitioner

Area Code/Phone Number

Office Address

City

State

Zip Code

Please return this form to: **Greensboro College
Student Health Center
815 West Market Street
Greensboro, NC 27401**