

The Immunization Record Form is designed to collect information about your current immunization status. Please complete and return this form **BEFORE** you arrive on campus. You should make and keep a copy of your form for future reference.

Do I need to complete the immunization record?

YES. All students must complete the immunization record and send it to Student Health Services prior to Spring or Fall enrollment unless you are exempt.

Students are exempt from immunizations if they do not live on campus and take any combination of the following:

1. Off-campus courses
2. Evening courses
3. Weekend courses
4. No more than four traditional day credit hours in on-campus courses

The Immunization Office, located in the Student Health Center, is open year round to administer needed immunizations at a nominal fee.

3 Easy Steps for Immunization Compliance

Step 1: Acquire Immunization Record

Log into HealthWeb at healthweb.ncsu.edu. From the menu located on the left in red, **select Immunization Verification**. This link will provide you the Immunization Record Form to be completed, signed and stamped by a healthcare clinic or health department.

If you have a personal immunization record, this can be used in place of the Immunization Record Form. The record **must** have a medical provider's signature and clinic stamp. Please do not submit originals.

Step 2: Enter Immunization Information Online

Log into HealthWeb at healthweb.ncsu.edu. **Select the "forms" link** in the left red navigation column to take you to a page that allows you to enter in the dates of your immunizations located on your Immunization Record Form. Entering your dates here will help expedite your compliance verification.

Step 3: Send Us Your Immunization Record Form

NC State Student Health Services must verify all immunization records. To do so you must provide us with your immunization record from Step 1 in one of the following ways via:

1. Fax: 1.888.972.4149 **OR**
2. Mail/in person: NC State Student Health Services
Attention: Immunization Department
2815 Cates Avenue
Raleigh, NC 27695-7304

NOTE: Immunization requirements are mandatory under state law (North Carolina General Statute 130a 152-157). If immunization requirements are not met, registration for classes will be cancelled. Registration will not be reinstated until immunization requirements are met.

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 mailed together. The records must be in black ink and the dates of the vaccine administration must include the month, day, and the year.

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.

College/University Vaccines And Number of Dose Requirements

VACCINE REQUIRED Review All Footnotes Below	Diphtheria, Tetanus, and/or Pertussis ¹	Polio ²	Measles ³	Mumps ⁴	Rubella ⁵	Hepatitis B ⁶
Doses Required	3	3	2	2	1	3

Footnote 1 – DTP (Diphtheria, Tetanus, Pertussis), DTaP (Diphtheria, Tetanus, acellular Pertussis), Td (Tetanus, Diphtheria), Tdap (Tetanus, Diphtheria, Pertussis): 3 doses of tetanus/diphtheria toxoid of which one must have been within the past 10 years.

Those individuals enrolling in college or university for the first time on or after July 1, 2008 must have had three doses of tetanus/diphtheria toxoid and a booster

dose of tetanus/diphtheria/pertussis vaccine if a tetanus/diphtheria toxoid or tetanus/diphtheria/pertussis vaccine has not been administered with the past 10 years.

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.

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.)

Immunization Record				
Last Name	First Name	Middle Initial	Date of Birth	Student Id #

Please print in blue or black ink. This form must be completed, signed and stamped by a medical physician or clinic. A completed immunization record from a physician or clinic may be attached to this form.

Required Immunizations	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
DTP or TD or Tdap	1.)	2.)	3.)	4.)
Tdap Booster				
Polio				
MMR				
Measles/Rubella (MR)				
Measles			***Titer Test Date/Result	*Disease Date:
Mumps**			***Titer Test Date/Result	Submit Laboratory Results For Titers
Rubella**			***Titer Test Date/Result	
Hepatitis B (Required if born 7-1-94 or after)	1.)	2.)	3.)	***Titer Test Date/Result

Recommended Immunizations	The following immunizations are recommended for all students and may be required by certain colleges or departments (i.e. health sciences) Please consult with your college or department for specific requirements.			
Meningococcal vaccine	No <input type="radio"/> Yes <input type="radio"/>	Which vaccine? _____		Date Given _____
	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
Hepatitis B				
Hepatitis A/B Combination				
Varicella (chicken pox)				

Optional Immunizations	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
Haemophilus influenza type b				
Pneumococcal				
Hepatitis A				
HPV (Gardasil)				
Other				

International Students			
Tuberculin Skin Test (PPD) or TB blood test (within 12 months)	Date Read Results		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.
Chest X-Ray (if positive PPD)	Date Results		

Signature or Clinic Stamp:

Signature of Physician/Physician/Nurse Practitioner

Date

Print Name of Physician/Physician Assistant/Nurse Practitioner

Phone Number

Office Address City State Zip Code

*Must repeat Rubeola (measles) vaccine if received more than 4 days prior to 12 months of age. History of physician-diagnosed measles disease is acceptable, but must have signed statement from physician.

**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.

***Lab report must be submitted

Meningococcal (meningitis) Disease and Vaccination Information Sheet

Meningococcal Disease is a rare but potentially fatal bacterial infection caused most often by the bacterium *Neisseria meningitidis*. Meningococcal Meningitis is an inflammation of the membranes surrounding the brain and spinal cord that can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death. Meningococcal bacteria are transmitted through the air via droplets of respiratory secretion, by oral contact with shared items, such as cigarettes or drinking glasses, by kissing, or by direct contact with an infected person. Although anyone can come in contact with the bacteria that cause meningococcal disease, data also indicate certain social behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at increased risk for the disease. Patients with respiratory infections, compromised immunity, those in close contact to a known case, and travelers to endemic areas of the world are also at increased risk.

Symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, rash, nausea, vomiting, and lethargy, and may resemble the flu. Meningitis usually peaks in late winter and early spring and its flu-like symptoms make diagnosis difficult. The bacteria may be carried in the nose or throat without symptoms. Meningococcal may also cause other body infections instead of meningitis, such as septic arthritis, brain inflammation, and pneumonia. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently.

Treatment with antibiotics should begin as soon as the diagnosis is considered.

Vaccination is available to protect against four of the five most common strains of bacteria that cause meningitis in the United States -- types A, C, Y, and W-135. These types account for nearly two thirds of meningitis cases among college students. The vaccine is 85% effective against these four groups and provides protection for approximately three to five years. This vaccine is available at Student Health Services. The current vaccine does not protect against the group B bacteria strain. The vaccine is very safe; adverse reactions are mild and infrequent, consisting primarily of redness and pain at the injection site lasting up to two days.

The Centers of Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommends that college students, particularly freshmen living in residence halls, be educated about meningitis and the benefits of vaccination. This recommendation is based on recent studies showing that college students living in residence halls, particularly freshmen, have a six-fold increased risk of contracting meningitis over other college students. The recommendation further states that information about the disease and vaccination is appropriate for other undergraduate students who also wish to reduce their risk for the disease. To learn more about meningitis and the vaccine, we encourage you to visit the CDC website at http://www.cdc.gov/ncidod/diseases/sub_meningitis.htm, consult your health care provider, or you may contact our Immunization Office by calling 919.513.3697.