



U N I V E R S I T Y O F  
**SOUTH CAROLINA**  
B E A U F O R T

Admissions Office, University of South Carolina Beaufort  
**Required Student Immunization Form**

Dear Student:

**Welcome to University of South Carolina Beaufort!** We are glad you have chosen us to meet your higher education goals. USCB requires a complete immunization record for all students; please complete and return the attached immunization form.

***GUIDELINES FOR COMPLETING IMMUNIZATION RECORD***

**IMPORTANT - According to USCB policy, the immunization requirements in Section A must be met on or before the day of registration:**

Acceptable records of your immunization may be obtained from any of the following: **Be certain that your name, date of birth, and ID 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 year. All records must be in English. Please keep a copy for your records.

- High School Records - These may contain some, but not all of your immunization information. Contact the admissions office for help if needed at 843-208-8055. **Your immunization records do not transfer automatically. You must request a copy.**
- 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
- Previous College or University - **Your immunization records do not transfer automatically. You must request a copy.**

**IMMUNIZATION REQUIREMENTS STATED ON THIS FORM MUST BE COMPLETED AND ON FILE AT THE ADMISSIONS OFFICE BEFORE YOU MAY REGISTER FOR CLASSES.**

- Complete the immunization form and return it by mail or fax to the admissions office as soon as possible.
- Be certain to include your full name and social security number.
- **Section A** is a list of mandatory immunizations. Have your physician or Health Department clinician fill in your immunization record and update any needed immunizations that are required in Section A. This form must be signed by a MD, PA, PA-C, FNP, FNP-C or stamped by the health department.
- In order to avoid excessive waiting times, please have all of your immunization requirements completed and the form sent to the USCB admissions office prior to your orientation date.
- **Section B** is a list of recommended immunizations from the Center for Disease Control (CDC). Some of these immunizations may be required by certain academic departments/programs so you may want to consult with your department for specific immunization requirements. University of South Carolina Beaufort recommends receiving the Hepatitis B series. You may elect to receive these immunizations prior to arriving at USCB from your private physician or health department. Please refer to the letter regarding Hepatitis B and Meningitis on the inside cover of this form.
- **Section C** is for exemptions to immunizations.



**Making Healthy Choices Simple**



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Dear USCB Student:

As the Vice Chancellor for Student Development at the University of South Carolina Beaufort, I am informing you about meningococcal and hepatitis B and recommendations from the Centers for Disease Control (CDC). The CDC recommends that college students, particularly freshmen living in residence halls, be educated about meningitis (a potentially fatal bacterial infection), hepatitis B and the benefits of vaccination. The recommendation is based on recent studies showing that college students, particularly freshmen in residence halls, have a six-fold increased risk for meningitis and an increased risk of hepatitis B. In addition, The State of South Carolina requires that higher education institutions inform students, or their parents (guardians), about the risk of contracting meningococcal disease and hepatitis B, and the availability of preventive vaccines. USCB encourages students, parents, and guardians to learn more about these serious communicable diseases and to make an informed decision regarding protection.

Meningococcal disease is rare but a potentially fatal bacterial infection (less than 3,000 cases annually in the United States with approximately 125 cases on college campuses and as many as 15 will die from the disease). When meningitis strikes, its flu-like symptoms make it difficult to diagnose. Transmission of the disease occurs from person to person through respiratory or oral secretions. Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The CDC does not consider that this risk warrants any changes in university living arrangements. USCB and The American College Health Association ([www.acha.org](http://www.acha.org)) highly recommend that students be educated and consider being vaccinated against the disease. **Therefore effective fall 2008, USCB will require all students age 24 or less to be immunized against meningococcal disease.**

Hepatitis B virus (HBV) exposure can result in a serious disease that attacks the liver. There is no cure for this disease.

CDC estimates that annually, in the United States, some 80,000 new cases occur, and some 5,000 persons die from chronic liver problems related to hepatitis disease. HBV is a blood-borne disease and is commonly spread by contact with infected blood, needles or other sharps, or by having sex with an infected person. An infected woman can transmit the virus to her baby during birth. While all students should practice personal behaviors that reduce risk exposure, the best protection against HBV is immunization. Most infants and school-age children are now being routinely immunized. Most persons in the United States acquire HBV disease as adolescents and adults. Thus, college students who have not been immunized should strongly consider immunization.

For more detailed information, visit the USC Student Health Services website at [www.sa.sc.edu/shs](http://www.sa.sc.edu/shs), CDC web site at [www.cdc.gov](http://www.cdc.gov) or the American College Health Association web site at [www.acha.org](http://www.acha.org). You may also consult with your family physician, or contact the local health department. If we can be of assistance to you, please do not hesitate to contact us. We wish you a healthy and rewarding experience at University of South Carolina Beaufort.

Sincerely,

Douglas A. Oblander, EdD  
Vice Chancellor, Student Development



# University of South Carolina Beaufort

This Form **MUST** be returned to: Admissions Office, University of South Carolina Beaufort

By U.S. Mail: USCB Admissions Office  
One University Boulevard  
Bluffton, SC 29909

In Person: Student Services Hargray Building or Fax to: (843) 208-8290

## TO BE COMPLETED BY THE STUDENT

Name: \_\_\_\_\_  
Last Name First Name Middle

Address: \_\_\_\_\_  
Street / P.O. Box

City State Zip Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

First Term of Enrollment (*circle term and insert year*): Fall / Spring / Summer \_\_\_\_\_

Student Signature: \_\_\_\_\_

\_\_\_\_\_  
(Student ID#)

### Date of Birth

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Age at the time you will enter the University

## Section A - REQUIRED IMMUNIZATIONS

Must be completed and signed by your health care provider.

1. **M.M.R. (Measles, Mumps, Rubella)** (two doses required for students born in 1957 or later)

☐ a. Dose 1 given at age 12-15 months or later..... #1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M D Y

Dose 2 given at age 4-6 years or later, and at least one month after the first dose..... #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M D Y

OR

☐ b. Laboratory/serologic evidence of immunity (attach copy of titer and date)

OR

☐ c. Exemption: I was born before 1957, and therefore am exempt from this requirement

2. **Meningitis Vaccine** - Proof of receipt of the Meningococcal Vaccine or a signed waiver declining the vaccine is required of all students (incoming freshmen, under age 25), at the University of South Carolina Beaufort beginning fall semester 2008. A parent signature is required for students under the age of 18 if declining vaccine. If it has been between 2-5 years since you have been vaccinated with Menomune, you should receive the Menactra vaccine. If it has been more than 5 years since you have been vaccinated with Menomune, then you are **required** to receive a Menactra vaccine or sign a waiver declining the vaccine.

OR

☐ Menactra Date of administration \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ Menomune Date of administration \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Declined (signature required)** \_\_\_\_\_ **Date** \_\_\_\_\_

## ADDITIONAL IMMUNIZATION REQUIREMENT FOR INTERNATIONAL STUDENTS

### TUBERCULOSIS SCREENING

Are you a member of a high-risk group or are you entering the health professions? YES \_\_\_\_\_ NO \_\_\_\_\_ If NO, You are not required to have a TB screening. If YES, you are required to have a TB screening. A history of BCG vaccination should not preclude testing of a member of a high-risk group. BCG is not acceptable to meet requirement.

#### 1. Tuberculin Skin Test:

Date Given: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Read: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M D Y M D Y

Result: \_\_\_\_\_ (Record actual mm of induration, transverse diameter; if no induration, write "0")

Interpretation (based on mm of induration as well as risk factors): positive \_\_\_\_\_ negative \_\_\_\_\_

#### 2. Chest x-ray (required if tuberculin skin test is positive) result: normal \_\_\_\_\_ abnormal \_\_\_\_\_

Date of chest x-ray: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M D Y

1. Categories of high risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand.

**See Reverse For Recommended Immunizations**

# IMMUNIZATION RECORDS - continued

## Section B - RECOMMENDED IMMUNIZATIONS

**Gardasil - Highly recommended for all females between the ages 11 and 26. (Three doses of the cervical cancer vaccine)**

- ☐ 3 dose Gardasil series  
DATE: #1      /      /      #2      /      /      #3      /      /

**Hepatitis B - Highly recommended for all students. (Three doses of vaccine or a positive Hepatitis B surface antibody)**

- ☐ 3 dose hepatitis B series,  
DATE: #1      /      /      #2      /      /      #3      /      /     , OR
- ☐ 3 dose combined hepatitis A and hepatitis B series  
DATE: #1      /      /      #2      /      /      #3      /      /     , OR
- ☐ Laboratory/serologic evidence of immunity or prior infection (attach copy of titer & date).

**Varicella (Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized after age 13 years.)**

- ☐ History of Disease verified by undersigned clinician.....Disease Date:      /      /     , OR
- ☐ Laboratory/serologic evidence of immunity (attach copy with titer & date), OR
- ☐ 1 dose given at 12 months of age or later but before the student's 13<sup>th</sup> birthday.....Date of shot:      /      /     , OR
- ☐ 2 doses. Dose 1 given after the student's 13<sup>th</sup> birthday. 2<sup>nd</sup> dose at least one month after first dose,  
DATE: #1      /      /      #2      /      /

**Tetanus-Diphtheria-Pertussis (Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years.)**

- ☐ 1. Primary series of four doses with DTaP, DTP, DT, or Td:  
DATE: #1      /      /      #2      /      /      #3      /      /      #4      /      /
- ☐ 2. Booster: Tdap (preferred) to replace a single dose of Td for booster immunization with at least five years since last dose of Td. ....      /      /
- ☐ 3. Booster: Td within the last ten years .....      /      /

**Health Care Provider** (Signature or stamp required)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

## Section C - EXEMPTIONS

### Exemption

- ☐ This student is exempt from the above immunization on grounds of permanent medical contraindication.
- ☐ This student is temporarily exempt from the above immunizations until      /      /

I, \_\_\_\_\_, affirm by my signature below that immunization as required by the University of South Carolina Beaufort is in conflict with my religious beliefs. I understand that I am subject to exclusion from the University in the event of an outbreak of a disease for which immunization is required.

Signature: \_\_\_\_\_

**OR**

I, \_\_\_\_\_, declare by my signature below that I will ONLY be enrolling in courses offered by distance learning, and therefore I will not be attending ANY classes on the USCB campuses. I understand that registering for a course offered on-campus or at a University owned or controlled facility void this exemption and I will be excluded from class until I provide proof of immunizations. This exemption must be requested for each new term of registration for off-campus courses.

Signature: \_\_\_\_\_

**Sections A, B and C are to be signed, stamped and submitted to the Admissions Office.**