

The University of North Carolina at Charlotte
Student Health Center
9201 University City Blvd
Charlotte, NC 28223-0001



Dear Student,

Welcome to UNC Charlotte. We look forward to serving your healthcare needs at the Student Health Center during your time at the University. For information on all the services available to you visit our website: www.studenthealth.uncc.edu.

North Carolina state law requires proof of immunization to protect you and others while you are in attendance. Please complete the attached form and return it to us within 30 days. It is permissible to attach official copies (i.e., signed by a physician, health department, etc.) of any records that verify your immunizations. Please see “Guidelines for Completing Immunization Record” for suggestions on where to obtain a copy of your records. **Please note: a physical is not required for admission, only documentation of required immunizations.** You may obtain any needed immunizations from your private physician, local health department, or UNC Charlotte’s Student Health Center.

Under North Carolina regulations a student must be dropped from his or her classes if the immunization requirements are not met. Exemptions to the immunizations law are detailed in the immunizations section of our website: www.studenthealth.uncc.edu. Please note you must comply with the NC Immunization law if you live in on-campus housing; none of the exemptions apply.

NOTE: Immunization records, including those attached to high school or other transcripts, which are mailed to other offices on campus, are not transferred to the Student Health Center.

Mail your completed form or other official copies of your immunization records to the UNC Charlotte Student Health Center, Attention: Immunizations Department. You may also bring your records to SOAR where Immunizations Staff will be available or to the Immunizations Department at the Student Health Center.

Be sure to include your name, student identification number and your date of birth on each page and all attachments.

A letter indicating your compliance or additional immunization requirements will be sent to you upon receipt of your immunization form, if it is received by the first day of class. After the first day of class the Registrar’s Office will notify you if you are not compliant with the immunization law.

Meningococcal (Meningitis) Disease and Vaccination Information

Meningococcal disease is a potentially life-threatening bacterial infection. Since 1991, cases of meningococcal disease among 15-24 year olds have increased. Studies show that students residing in residence halls, especially freshmen, appear to be at an increased risk for meningococcal disease. Studies suggest that up to 80% of college cases are vaccine preventable. The vaccine is 85-100% effective in preventing the disease in older children and adults. For the most current recommendations from the Centers for Disease Control and Prevention, visit www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal-g.htm. The Student Health Center has the meningococcal vaccination available for a fee. Students wishing to receive the vaccination should schedule an appointment by calling 704-687-7424.

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.

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:

- **High School Records** – These may contain some, but not all of your immunization information. **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 of WHO (World Health Organization Documents)** - These records may not contain all of the required immunizations.
- **Previous College or University** – **Your immunization records do not transfer automatically. You must request a copy.**

SECTION A: COLLEGE/UNIVERSITY VACCINES AND NUMBER OF DOSES REQUIRED (For further information: <http://www.immunizenc.com/college.htm>)

| VACCINE REQUIRED (REVIEW ALL FOOTNOTES BELOW) | Diphtheria, Tetanus, and/or Pertussis ¹ | Polio ² | Measles ³ | Mumps ⁴ | Rubella ⁵ |
|---|---|--------------------|----------------------|--------------------|----------------------|
| DOSES REQUIRED | 3 | 3 | 2 | 2 | 1 |

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**.

INTERNATIONAL STUDENTS and/or non-US Citizens: Vaccines are required as noted above.

Additionally, these students are required to have a TB skin test administered with a negative result within the 12 months proceeding the first day of classes (chest x-ray required if test is positive).

SECTION B

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

These vaccines are optional

IMMUNIZATION RECORD

| | | | | |
|------------------|-------------------|--------------------|----------------------|--------------------|
| | | | | |
| Last Name | First Name | Middle Name | Date of Birth | Student ID# |

Please print in black ink. To be completed and signed by physician or clinic. A complete official immunization record from a physician or clinic may be attached to this form. **Student to confirm identifying information above is complete before submission.**

| SECTION A Required Immunizations | mo/day/year | mo/day/year | mo/day/year | mo/day/year | SUBMIT LABORATORY REPORT |
|---|-------------|-------------|------------------------------------|---------------------|--------------------------------|
| * DTP or Td or Tdap | (#1) | (#2) | (#3) | (#4) | |
| *Tdap booster (If due update after 7/2008) | | | | | |
| * Td booster | | | | | |
| * Polio | | | | | |
| * MMR (after first birthday) | | | | | |
| * Measles/ Rubella (MR) (after first birthday) | | | | | |
| * Measles (after first birthday) | | | ** Disease Date | Titer Date & Result | |
| * Mumps | | | Not Acceptable *** Disease Date | Titer Date & Result | |
| * Rubella | | | Not Acceptable *** Disease Date | Titer Date & Result | |

SECTION B Recommended Immunizations

The following immunizations are recommended for all students and may be required by certain colleges or departments (for example, health sciences). Please consult your college or department materials for specific requirements.

Meningococcal vaccine: No () Yes() Which vaccine? Menactra () Menomune () Date given:

| | mo/day/year | mo/day/year | mo/day/year | mo/day/year |
|--|-------------|-------------|--------------|-------------------------|
| * Hepatitis B series only | OR | | | ****Titer Date & Result |
| * Hepatitis A/B combination series | | | | |
| *Varicella (chicken pox) series of two doses or immunity by positive blood titer | | | Disease Date | ****Titer Date & Result |
| * Tuberculin Skin Test (PPD) Date read (within 12 months) Report result in mm induration | | | | |
| Chest X-Ray, if positive PPD Date Results | | | | |
| Treatment if applicable Date | | | | |

| SECTION C Optional Immunizations | mo/day/year | mo/day/year | mo/day/year |
|----------------------------------|-------------|-------------|-------------|
| * Haemophilus influenzae type b | | | |
| * Pneumococcal | | | |
| * Hepatitis A series only | | | |
| * HPV (Gardasil) | | | |
| * Other | | | |

Signature or Clinic Stamp REQUIRED:

Signature of Physician/Physician Assistant/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.

FORM UPDATED 5/2008