

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](http://www.studenthealth.uncc.edu).

North Carolina state law requires proof of immunization to protect you and others while you are in attendance. 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 the UNC Charlotte 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](http://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.

Submit 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. You may also fax completed forms to 704-687-0826.

**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. Email notification will be sent for those students remaining on the non-compliant list and at risk for class withdrawal on the first day of classes. Please contact us if you have questions about this mandatory requirement.

# 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**IMPORTANT** – The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit.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, written in English with the dates of vaccine administration including 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 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 <small>(REVIEW ALL FOOTNOTES BELOW)</small>	Tetanus, Diphtheria, and Pertussis (Tdap) <sup>1</sup>	Diphtheria, Tetanus, and/or Pertussis <sup>1</sup>	Polio <sup>2</sup>	Measles <sup>3</sup>	Mumps <sup>4</sup>	Rubella <sup>5</sup>	Hepatitis B <sup>6</sup>
DOSES REQUIRED	1	2	3	2	2	1	3

**FOOTNOTE<sup>1</sup>** – Three doses of tetanus/diphtheria toxoid, of which one must be tetanus/diphtheria/pertussis (Tdap). Students enrolling in a 4 year college or university for the first time on or after July 1, 2008, must receive a tetanus/diphtheria/Pertussis (Tdap) vaccine.

**FOOTNOTE<sup>2</sup>** – An individual attending school who has attained his or her 18<sup>th</sup> birthday is not required to receive polio vaccine.

**FOOTNOTE<sup>3</sup>** – 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 a four year college or university for the first time before July 1, 1994 is not required to have a second dose of measles vaccine.

**FOOTNOTE<sup>4</sup>** – 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 a four year college or university prior to July 1, 2008 is not required to receive a second dose of mumps vaccine.

**FOOTNOTE<sup>5</sup>** – Rubella vaccine is not required if any of the following occur: 50 years of age or older; Enrolled in a four year 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<sup>6</sup>** – Hepatitis B vaccine is not required if any of the following occur: Born before July 1, 1994. Serological testing to document protective antibody titer against Hepatitis B is not acceptable

**INTERNATIONAL STUDENTS and/or non-US Citizens:** Vaccines are required as noted above. Additionally, these students are required to have a TB skin test (PPD or TST) that has been administered and read at an appropriate medical facility within 12 months prior to the first day of class. (Chest x-ray required if test is positive). A TB blood test (T-spot, **QuantIFERON<sup>®</sup> Gold**) is also accepted.

## SECTION B

### These vaccines are RECOMMENDED.

North Carolina House Bill 825 requires public and private institutions with on-campus residents to provide information about meningococcal disease. Information regarding meningococcal disease can be found at <http://www.immunize.nc.gov/family/vaccines/meningococcald.htm>. Please record on this form, whether or not you have received the meningococcal vaccine. If, yes, please note the month, day, and year of the vaccination.

College students, especially freshmen living in residence halls, are at an increased risk for contracting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma, and even death within a short period of time. A vaccine is currently available that will decrease but not completely eliminate a person’s of acquiring meningococcal meningitis. In 1997 the American college Health Association (ACHA) recommended that students consider vaccination to reduce their risk of contracting meningitis. While the meningitis vaccine is not required for enrollment, the UNC Charlotte Student Health Center, in accordance with the ACHA, recommends the meningitis vaccine for all freshmen.

## SECTION C

### These vaccines are OPTIONAL

Please list other vaccines you may have received.

**IMMUNIZATION RECORD**  
**Student to confirm full name, birthdate, and Student ID BEFORE submission.**

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Last Name	First Name	Middle Name	Date of Birth	Student ID#
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HAVE YOU PREVIOUSLY ENTERED A FOUR YEAR COLLEGE/UNIVERSITY? ( ) NO If yes, please enter additional info below

Where did you previously attend a four year college/university? When?

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 or submitted in place of this form.

SECTION A Required Immunizations	mo/day/year	mo/day/year	mo/day/year	mo/day/year
DTP or DTaP	(#1)	(#2)	(#3)	(#4)
<b>Tdap booster</b>	(#1)			
Td booster				
Polio				
Hepatitis B (titer NOT acceptable)	(#1)	(#2)	(#3)	
MMR (after first birthday)	(#1)	(#2)		
Measles/ Rubella (MR) ( after first birthday)				
Measles (after first birthday)			Disease Date	Titer Date & Result
Mumps			<input type="checkbox"/> Not Acceptable Disease Date	Titer Date & Result
Rubella			<input type="checkbox"/> Not Acceptable Disease Date	Titer Date & Result

SUBMIT LABORATORY REPORT

**INTERNATIONAL STUDENTS/RECENT TRAVEL to HIGH RISK COUNTRIES**

Tuberculin Skin Test (PPD) (w inthin past 12 months)	Date read	Result:	<b>(mm induration)</b>
QuantiferON / T-spot (TB blood test)	Test Date:	Result:	Attach Result
Chest X-Ray, if positive PPD / TB blood test	Date:	Result:	
Treatment (if applicable)	Date:		

The immunizations listed in SECTION B are RECOMMENDED, not required.

SECTION B Recommended Immunizations	mo/day/year	mo/day/year	mo/day/year
Meningococcal vaccine: Specify: _____	(#1)	(#2)	
Varicella (chicken pox) series of two doses or immunity by positive blood titer	(#1)	(#2)	
SECTION C Optional Immunizations	mo/day/year	mo/day/year	mo/day/year
Hepatitis A	(#1)	(#2)	
HPV (check one) _____ Gardasil _____ Cervarix	(#1)	(#2)	(#3)
Pneumococcal			
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