



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. It is permissible to submit signed or stamped records from your physician, health department, or other health care facility where you received immunizations. Please note: a physical is not required for admission, only documentation of required immunizations.

Submit your official immunization records to the UNC Charlotte Student Health Center by email to immuinfo@uncc.edu prior to your arrival to new student orientation (SOAR). Please be sure your name, student identification number and your date of birth are on every page of records you submit.

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 along with other information regarding immunization compliance are detailed in the immunizations section of our website: www.studenthealth.uncc.edu.

Please contact the Immunization Department at the Student Health Center if you have any questions regarding your requirements for immunization compliance.

UNC Charlotte Student Health Center
Immunization Department
9201 University City Blvd
Charlotte, North Carolina 28223-0001
www.studenthealth.uncc.edu
immuinfo@uncc.edu | 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IMPORTANT – The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit.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, 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) ¹	Diphtheria, Tetanus, and/or Pertussis ¹	Polio ²	Measles ³	Mumps ⁴	Rubella ⁵	Hepatitis B ⁶
DOSES REQUIRED	1	2	3	2	2	1	3

FOOTNOTE¹ – 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.

FOOTNOTE² – An individual attending school who has attained his or her 18th birthday is not required to receive polio vaccine.

FOOTNOTE³ – 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.

FOOTNOTE⁴ – 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 a four year 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.

FOOTNOTE⁵ – 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 30th birthday; An individual who has been documented by serological testing to have a protective antibody titer against rubella and **submits the lab report**.

FOOTNOTE⁶ – 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[®] 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)	
Tdap booster	(#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	SUBMIT LABORATORY REPORT
Mumps			Not Acceptable Disease Date	Titer Date & Result	
Rubella			Not Acceptable Disease Date	Titer Date & Result	

INTERNATIONAL STUDENTS/RECENT TRAVEL to HIGH RISK COUNTRIES

Tuberculin Skin Test (PPD) (w inthin past 12 months)	Date read	Result:	(mm induration)
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 tw o 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