



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

UNC Charlotte requires proof of immunization for all new incoming and transfer students. It is permissible to submit signed or stamped records from your physician, health department, or other health care facility where you received immunizations or your TB test.

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

Please note all requirements are due upon admission to the University and must be submitted prior to your arrival to new student orientation (SOAR). Transcripts that contain immunization records are not automatically sent to the SHC or forwarded from your previous university.

Thank you for taking immediate actions to comply with these mandatory requirements to avoid class cancellation.

How to submit your mandatory immunization requirements:

Gather all immunization documents for submission. Go online to your student health portal:

<https://uncc.medicatconnect.com>

Login with your NinerNET credentials.

- Click on the 'Forms' tab and complete the two required forms under the Immunizations heading.
- Click on the 'Immunizations' tab and enter ALL immunization dates (required and recommended).
- Click the 'Submit' button to the right of the page ONCE after all immunization dates have been entered. (The submission process will take longer if you click submit at the end of each section).
- Click on the 'Upload' tab to upload all immunization documents for verification via your computer, tablet or phone.
- Check your UNC Charlotte email for your compliance verification status.

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 for enrollment at the University. Failure to comply will result in withdrawal from classes without credit. These records are due at the time of admission.

Be certain that your Name, Date of Birth, and ID Number appear on each sheet. Records must be 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 or 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	Varicella ⁷
DOSES REQUIRED	1	2	3	2	2	1	3	1

FOOTNOTE¹ – Three doses are required for students entering college or university. Students entering college or university for the first time on or after July 1, 2008 must have had three doses of tetanus/diphtheria toxoid; one of which must be tetanus/diphtheria/pertussis (Tdap).

FOOTNOTE² – A student 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: Documented physician diagnosis of disease prior to January 1, 1994; a student who has been documented by serological testing to have a protective antibody titer against measles and **submits the lab report**; or a student born prior to 1957. A student 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.

FOOTNOTE⁴ – Mumps vaccine is not required if any of the following occur: A student who has been documented by serological testing to have a protective antibody titer against mumps and **submits the lab report**; a student born prior to 1957; or enrolled in college or university for the first time before July 1, 1994. A student entering 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, a student who has been documented by serological testing to have a protective antibody titer against rubella and **submits the lab report**.

FOOTNOTE⁶ – Hepatitis B series is required for students born on or after July 1, 1994. Serological testing to document protective antibody titer against Hepatitis B is not acceptable. (Heplisav-B, 2 dose series is acceptable for this requirement. This vaccine is currently available in the U.S. only)

FOOTNOTE⁷ – Varicella vaccine is not required if any of the following occur: Documented physician diagnosis of disease, a student has been documented by serological testing to have a protective antibody titer against varicella and **submits the lab report**; or a student is born before April 1, 2001.

INTERNATIONAL STUDENTS, STUDENTS WHO HAVE LIVED IN OR TRAVELED TO HIGH RISK COUNTRIES/TERRITORIES

Vaccines are required as noted above. Additionally, these students are required to have a TB skin test (PPD or TST) or a TB blood test (T-spot, **QuantiFERON[®] Gold Plus**) 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).

More information is available on the last page of this form.

SECTION B RECOMMENDED VACCINES.

Information about the recommended vaccines listed on this form is available
<https://www.immunize.nc.gov/schools/collegesuniversities.htm>

North Carolina law requires certain vaccines. But in order to be fully protected from vaccine-preventable diseases, students should receive all age-appropriate immunizations including meningococcal vaccine, HPV vaccine, and Influenza vaccine. For more information about vaccine preventable diseases and immunizations recommended, please refer to the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), or the Immunization Action Coalition.

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 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. More information is available at www.immunize.nc.gov/family/vaccines/meningococcal.htm

Is a Tuberculosis (TB) test required?

Only if one or more of the following applies to you:

- You are an international student from a high risk country.
- You were born in a high risk country.
- You have traveled to a high risk country for more than one month within the last 5 years.
- You have had close contact (lived or worked) with someone who had active tuberculosis.

A TB skin test (TST/PPD) OR TB blood test (QuantiFERON-Gold Plus or T-Spot) within the past 12 months **is required** if one or more of the above applies to you.

If you have a history of a positive TB skin test or TB blood test, you must have a current (within the past 12 months) tuberculosis screening completed by your primary care physician or local county health department. The tuberculosis screening can be found at https://epi.publichealth.nc.gov/cd/tb/docs/dhhs_3405.pdf. You must be able to provide past documents in order to complete this. A list of high risk countries, as compiled by the World Health Organization, can be found at StopTB.org

Afghanistan	Guinea	Philippines
Albania	Guinea-Bissau	Poland
Algeria	Guyana	Portugal
Angola	Haiti	Qatar
Anguilla	Honduras	Republic of Korea
Argentina	India	Republic of Moldova
Armenia	Indonesia	Romania
Azerbaijan	Iraq	Russian Federation
Bangladesh	Iran	Rwanda
Belarus	Japan	Saint Vincent and the Grenadines
Belize	Kazakhstan	Samoa
Benin	Kenya	Sao Tome and Principe
Bhutan	Kiribati	Senegal
Bolivia (Plurinational State of)	Kuwait	Serbia
Bosnia and Herzegovina	Kyrgyzstan	Seychelles
Botswana	Lao People's Democratic Republic	Sierra Leone
Brazil	Latvia	Singapore
Brunei Darussalam	Lesotho	Solomon Islands
Bulgaria	Liberia	Somalia
Burkina Faso	Libyan Arab Jamahiriya	South Africa
Burundi	Lithuania	South Sudan
Cambodia	Madagascar	Sri Lanka
Cameroon	Malawi	Sudan
Cape Verde	Malaysia	Suriname
Central African Republic	Maldives	Swaziland
Chad	Mali	Syrian Arab Republic
China	Marshall Islands	Tajikistan
China, Hong Kong Special	Mauritania	Taiwan
China, Macao Special Administrative	Mauritius	Thailand
Colombia	Mexico	The former Yugoslav Republic of
Comoros	Micronesia (Federated States of)	Timor-Leste
Congo	Mongolia	Togo
Côte d'Ivoire	Morocco	Trinidad and Tobago
Democratic People's Republic of	Mozambique	Tunisia
Democratic Republic of the Congo	Myanmar (Burma)	Turkey
Djibouti	Namibia	Turkmenistan
Dominican Republic	Nauru	Tuvalu
Ecuador	Niue	Uganda
El Salvador	Nepal	Ukraine
Equatorial Guinea	Netherlands Antilles	United Republic of Tanzania
Eritrea	New Caledonia	Uruguay
Estonia	Nicaragua	Uzbekistan
Ethiopia	Niger	Vanuatu
Fiji	Nigeria	Venezuela (Bolivarian Republic of)
French Polynesia	Northern Mariana Islands	Viet Nam
Gabon	Pakistan	Wallis and Futuna Islands
Gambia	Palau	Yemen
Georgia	Panama	Zambia
Ghana	Papua New Guinea	Zimbabwe
Guam	Paraguay	
Guatemala	Peru	

UNC CHARLOTTE—IMMUNIZATION RECORD

Last Name	First Name	Middle Name	Date of Birth	Student ID #
HAVE YOU PREVIOUSLY ENTERED A FOUR YEAR COLLEGE/UNIVERSITY? NO If YES, when?				
Where did you previously attend a four year college/university?				

Forms to be completed and signed by a physician or clinic

SECTION A: REQUIRED IMMUNIZATIONS	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
All students must submit documentation of 3 DTP,DTaP,Td or Tdap vaccines regardless of age. One MUST be a Tdap				
DTP/DTaP/Td				
Tdap booster				
Polio 3 doses (required if ≤ 17 years of age)				
Hepatitis B 3 doses (required if born on or after July 1, 1994)	OR			TITER NOT ACCEPTED
Hepatitis B (HepIsav-B, 2 doses: if ≥ 18 years of age, available in US only)				
MMR Series: <u>M</u> easles, <u>M</u> umps, <u>R</u> ubella: (given after 1 st birthday)				
Measles 2 doses (given after 1 st birthday)			Disease Date:	*Titer Date & Result submit lab report
Mumps 2 doses (given after 1 st birthday)			Disease Date NOT Acceptable	*Titer Date & Result submit lab report
Rubella 1 dose (given after 1 st birthday)			Disease Date NOT Acceptable	*Titer Date & Result submit lab report
Varicella (required if born on or after April 1, 2001)			Disease Date:	*Titer Date & Result submit lab report

INTERNATIONAL STUDENTS/PRIOR RESIDENTS OF or RECENT TRAVEL TO HIGH RISK COUNTRIES/TERRITORIES

Tuberculosis Test must be within the past 12 months

Tuberculin Skin Test (TST)	Date Resulted	Chest X-ray Required if TB test is positive	Chest X-ray date:
OR	mm induration		
IGRA (QuantiFERON or T-Spot) Test	Date Resulted	Chest X-ray Required if TB test is positive	Chest X-ray result:
*Must submit lab report *Must submit chest x-ray report if indicated	<input type="checkbox"/> negative <input type="checkbox"/> positive		<input type="checkbox"/> negative <input type="checkbox"/> positive

SECTION B: RECOMMENDED IMMUNIZATIONS	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Meningococcal vaccine (MenACYW: Menactra, Menveo, Menomune, MPSV4)				
Meningococcal B vaccine (Bexsero, Trumenba) <small>Please discuss risks & benefits with your medical provider</small>				
Hepatitis A vaccine				
Hepatitis A/B combined vaccine (Twinrix)				
Pneumococcal vaccine				
Human Papillomavirus/HPV (Cervarix, Gardasil, Gardasil 9)				

*Must attach a copy of the laboratory/CXR results *Signature or Clinic Stamp Required

Signature and Credentials of HealthCare Provider	Date		
Print Name and Credentials of HealthCare Provider	Phone number		
Office/Clinic Street Address	City	State	Zip Code