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 on all the services available to you, please visit our website: www.studenthealth.uncc.edu

North Carolina state law 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.

**Penalty:** 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 note:** Required immunizations are due upon admission to the University and must be submitted prior to your arrival to new student orientation (SOAR). Transcripts that contain immunizations records are not automatically sent to the SHC or forwarded from your previous university.

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**To submit your official immunization records to the UNC Charlotte Student Health Center** please read and follow the directions below. This process will be completed via your Online Student Health Portal.

**First:** Prepare by gathering all childhood and adult immunization records. You may go to our website at www.studenthealth.uncc.edu for a list of required immunizations and FAQ's.

**Second:** Go online to your student health portal: https://uncc.medicatconnect.com and log-in with your NINERNET credentials.

- Click on the ‘Forms’ tab and complete the two required forms under the Immunizations header.
- Complete a Tuberculosis (TB) skin or blood test if indicated.
- Click on the ‘Immunizations’ tab and enter ALL immunization dates (required & recommended).
- Click the ‘Submit’ button **ONCE** after all immunization dates have been entered.
- Click on the “Upload” tab to upload all immunization documents via your computer, tablet or phone for staff verification.

**Third:** Check your UNC Charlotte email for your compliance verification status. This will be sent via a secure message. This verification process can take up to 5 business days.

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Please contact the Immunization Department at the SHC 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 DOES REQUIRED**

(For further information: [http://www.immunizenc.com/college.htm](http://www.immunizenc.com/college.htm))

<table>
<thead>
<tr>
<th>VACCINE REQUIRED (REVIEW ALL FOOTNOTES BELOW)</th>
<th>Tetanus, Diphtheria, and Pertussis (Tdap)</th>
<th>Diphtheria, Tetanus, and/or Pertussis</th>
<th>Polio</th>
<th>Measles</th>
<th>Mumps</th>
<th>Rubella</th>
<th>Hepatitis B</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOSES REQUIRED</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

**FOOTNOTE 1** – 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 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 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 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 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 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.

**FOOTNOTE 6** – 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.

### 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/ meningococcal.htm](http://www.immunize.nc.gov/family/vaccines/ meningococcal.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.**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Date of Birth</th>
<th>Student ID#</th>
</tr>
</thead>
</table>

**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

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Disease Date</th>
<th>Titer Date &amp; Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP or DTaP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap booster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td booster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (titer NOT acceptable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (after first birthday)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles/ Rubella (MR) (after first birthday)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles (after first birthday)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Tuberculin Skin Test (PPD) (within past 12 months)
- QuantiFERON / T-spot (TB blood test)
- Chest X-Ray, if positive PPD / TB blood test
- Treatment (if applicable)

### SECTION B Recommended Immunizations

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Disease Date</th>
<th>Titer Date &amp; Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal vaccine: Specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (chicken pox) series of two doses or immunity by positive blood titer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION C Optional Immunizations

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Disease Date</th>
<th>Titer Date &amp; Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV (check one) Gardasil Cervarix</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature or Clinic Stamp REQUIRED:**

__________________________
Signature of Physician/Physician Assistant/Nurse Practitioner

__________________________
Phone number

__________________________
Print Name of Physician/Physician Assistant/Nurse Practitioner

Office Address

City

State

Zip Code

FORM UPDATED 11/2016