



## GUIDELINES FOR COMPLETING THE IMMUNIZATION RECORD

**IMPORTANT:** All records must be in black ink and must be uploaded into Mediacat Patient Portal (<https://wssu.mediacatconnect.com>).

A **Certificate of Immunization record\*** is required by North Carolina State Law § 130A-154 to meet the NC Immunization Compliance Law. **Non-compliance can result in the University Registrar placing an “Immunization Hold” on a student’s account OR being “Dis-enrolled” from the University.**

**NOTE: \*Certificate of Immunization record(s) submitted must include**

- Student/Patient complete name, address, date of birth, and sex
- Name & address of child's parent, guardian, or person responsible for the child obtaining the required immunization
- Name of vaccine administered, the number of doses of the vaccine given, the complete date the doses were given (**month, day, and the year**)
- Name and address of the physician or local health department administering the required immunization and other Relevant information required by the Commission.
- NOTE: **An official lab report** of a positive antibody titer or by serological testing is acceptable and the report shows the protective numerical values of antibodies. Values found to be equivocal or below protective values are not acceptable.

**Please Keep a Copy of All Your Records.**

Acceptable Records of your Immunizations may be obtained from any of the following:

- **North Carolina Immunization Registry Record** with NC State Seal. (**Recommended**)
- **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 the required immunizations.
- **Previous College or University Records** – Your immunization records do not transfer automatically. You must request a copy.

### SECTION A: COLLEGE/UNIVERSITY VACCINES AND NUMBER OF DOSES REQUIREMENTS

(for further information: <https://immunization.dph.ncdhhs.gov/>)

VACCINE REQUIRED REVIEW ALL FOOTNOTES BELOW	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>	Varicella <sup>7</sup>
<b>Doses Required</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>

**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 except in a measles outbreak. 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 except in the case of an outbreak; Enrolled in 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 6** – Hepatitis B vaccine is not required if any of the following occur: Born before July 1, 1994.

**Footnote 7** Varicella vaccine is not required if any of the following occur: Born before April 1, 2001. An individual who has been documented by serological testing to have a protective antibody titer against Varicella 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 test that has been administered and read at an appropriate US medical facility within the 12 months prior to the first day of class. (Chest x-ray is required if test is positive).

### SECTION B: RECOMMENDED VACCINES

These vaccines are RECOMMENDED. Some may be required by certain departments. Consult your college or department for specific requirements.

**Garrett’s Law:** Garrett’s law was enacted in 2004. It mandates schools provide parents and guardians with information about meningococcal meningitis and influenza and the vaccines that protect against these diseases. The law was expanded in 2007 to mandate that information also be provided about human papillomavirus (HPV) and the vaccines available to protect against HPV. These disease specific materials are available on our website (<https://www.wssu.edu/wellness>) to support this effort.

### SECTION C: OPTIONAL VACCINES

These vaccines are optional but are highly encouraged.



Immunization Record				
Last Name	First Name	Middle Name	Date of Birth	Banner ID#
Permanent Address	City	State	Zip Code	Area Code Phone #
			Parent/Guardian Name:	

If your office has access to the (NCIR) NC Immunization Registry Report, please provide copy for student to upload for compliance. **(Recommended)**  
 If no access to NCIR, please complete this is form fully printed in black ink and signed by physician or clinic stamp. 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	month/day/year	month/day/year	month/day/year	month/day/year	Must Submit Laboratory Result
DTP or DtaP	(#1)	(#2)	(#3)	(#4)	
Tdap (if due update after 7/2008)					
Td					
Polio	(#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			Not Acceptable *** Disease Date	Titer Date & Result	
Rubella			Not Acceptable *** Disease Date	Titer Date & Result	
Hepatitis B (required if born 7/1/94 or after)	(#1)	(#2)	(#3)		
Varicella (Chicken Pox) series of two doses or immunity by positive blood titer	(#1)	(#2)	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 (i.e., health sciences). Please consult with your college or department for specific requirements.			
Meningococcal vaccine:	No ( )	Yes ( )	Which Vaccine?	Menactra ( ) Menveo ( )
				Date Given:
	month/day/year	month/day/year	month/day/year	month/day/year
Hepatitis A/B combination on series				
Tuberculin Skin Test (PPD) or TB blood test (within 12 months)	Date Read	Must Provide Placement and Result Documentation		
Report result in mm induration		Must Submit QuantiFERON/TB Laboratory Result ****		
Chest X-Ray, if positive PPD	Date	Must Submit X-Ray Report		
Results				
Treatment, if applicable	Date			

Section C: Optional Immunizations	month/day/year	month/day/year	month/day/year
Haemophilus influenzae type b			
HPV (Gardasil)			
Meningococcal B (Bexsero and Trumenba)			
Pneumococcal			
Hepatitis A series only			
Other			

\*\*Must repeat Rubeola (measles) vaccine if received more than 4 days prior to 12 months of age. History of physician-diagnosed measles 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.

**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