



GUIDELINES FOR COMPLETING THE IMMUNIZATION RECORD

IMPORTANT: All records must be in black ink or typed AND must be uploaded into Medicat Patient Portal (<https://wssu.medicatconnect.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**Non-compliance can result in the University Registrar placing an “Immunization Hold” on a student’s account OR being “withdrawn” from the University.**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 / 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 & Preferred**)
- **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 and upload.

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

(For more information, visit <https://immunization.dph.ncdhhs.gov/schools/collegesuniversities.htm#meningococcal>)

North Carolina law requires children receive certain vaccines. But in order to be fully protected from vaccine-preventable diseases, children should receive all age-appropriate immunizations.

VACCINE REQUIRED REVIEW ALL FOOTNOTES BELOW	Diphtheria, Tetanus, and/or Pertussis ¹	Polio ²	Measles ³	Mumps ⁴	Rubella ⁵	Hepatitis B ⁶	Varicella ⁷	Meningococcal ACWY ⁸
Doses Required	3	3	2	2	1	3	1	2

Footnote 1 – DTP (Diphtheria, Tetanus, Pertussis), DTaP (Diphtheria, Tetanus, acellular Pertussis), Td (Tetanus, Diphtheria), and/or Tdap (Tetanus, Diphtheria, Pertussis) of the 3 doses **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 – Two doses at least 28 days apart are required. 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 **must submit 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 – A physician’s diagnosis is not acceptable for mumps disease(s). Individuals must be immunized **OR** have laboratory confirmation of disease **OR** have been documented by serological testing to have a protective antibody against mumps and **must submit the lab report**. Mumps vaccine is not required if any of the following occur: An individual born prior to 1957; Individuals that entered college or university before July 1, 1994; or An individual that entered school, college or university before July 1, 2008.

Footnote 5 – A physician’s diagnosis is not acceptable for rubella disease(s). Individuals must be immunized **OR** have laboratory confirmation of rubella disease **OR** have been documented by serological testing to have a protective antibody titer against rubella and **must submit the lab report**. A rubella vaccine is not required if any of the following occur: 50 years of age or older except in outbreak situations; Any individual who entered college or university after their 30th birthday and before February 1, 1989 except in outbreak situations.

Footnote 6 – Hepatitis B vaccine is not required if an individual was born before July 1, 1994.

Footnote 7 – Required if born on or after April 1, 2001. An individual who has laboratory confirmation of varicella disease immunity **OR** has been documented by serological testing to have a protective antibody titer against varicella and **must submit the lab report**, **OR** who has documentation from a physician, nurse practitioner, or physician assistant verifying history of varicella disease is not required to receive varicella vaccine. The documentation shall include the name of the individual with a history of varicella disease, the approximate date or age of infection, and a healthcare provider signature.

Footnote 8 – Two doses. One dose is required for individuals entering the seventh grade or by 12 years of age, whichever comes first on or after July 1, 2015. A booster dose is required for individuals entering the 12th grade or by 17 years of age, whichever comes first. Individuals who entered seventh grade before July 1, 2015 are not required to receive the first dose. The booster dose does not apply to individuals who entered the 12th grade before August 1, 2020. If the first dose is administered on or after the 16th birthday, a booster dose is not required. Individuals born before January 1, 2003 shall not be required to receive meningococcal conjugate vaccine.

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 strongly **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 (www.wssu.edu/wellness) to support this effort.

SECTION C: OPTIONAL VACCINES

These vaccines are optional but are highly encouraged.



Immunization Record

If your office has access to the (NCIR) NC Immunization Registry Report, please provide a copy for student to upload for compliance. *(Recommended & Preferred)*
If there is no access to NCIR, please complete this form fully printed in black ink or typed AND signed by medical provider with clinic stamp/information. A complete official certificate of immunization record from a physician or clinic may be attached to this form. **Student to confirm demographic identifying information below is complete before submission.**

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

Section A: Required Immunizations Enter dates with month/day/year

DTP or DTaP	Tdap	Polio (OPV/IPV)	Hepatitis B	Varicella (Chicken Pox)
1.	1.	1.	1.	1.
2.	2.	2.	2.	2.
3.	3.	3.	3.	<i>Required if born On April 1, 2001 or after</i>
4.	Td	4.	<i>Required if born On July 1, 1994 or after</i>	* Must Submit Numerical Laboratory Result for Titer
5.		5.		
TITER NOT ACCEPTED	1.			** Disease Date: <i>Must be supported by documentation from a physician, nurse practitioner, or physician assistant</i>
2.	2.			
3.	3.			
MMR (after first birthday)	Measles (after first birthday)	Mumps (after first birthday)	Rubella (after first birthday)	Meningococcal ACWY
1.	1.	1.	1.	1.
2.	2.	2.	2.	2.
<i>Must Submit Numerical Laboratory Result for Titer</i>	<i>Must Submit Numerical Laboratory Result for Titer</i>	<i>Must Submit Numerical Laboratory Result for Titer</i>	<i>Must Submit Numerical Laboratory Result for Titer</i>	<i>Required if born on or after January 1, 2003</i>
	** Disease Date:	** Disease Date: NOT ACCEPTABLE	** Disease Date: NOT ACCEPTABLE	

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 B <small>(Must specify Bexsero or Trumenba)</small>	Influenza (Flu)	COVID-19 (specify brand)	TB Blood Test <small>(within 12 months)</small>	Tuberculin Skin Test (PPD)	Chest X-Ray, if PPD positive
1.	1.	1.	Date:	Date:	Date:
2.	2.	2.	Result:	Induration:	Result:
			Report	Result:	
		Upload COVID Card/Documentation in Medicat	Required for International Students And/Or Non-US Citizens	<i>Must Provide Placement and Result Documentation</i>	<i>Must Submit X-Ray Report</i>
			<i>Must Submit QuantiFERON/ TB Test Lab Result</i>		Treatment , if applicable Must provide medical documentation

Section C: Optional Immunizations These vaccines are optional but are highly encouraged.

HPV (Gardasil/Cervarix)	Haemophilus Influenzae Type B (Hib)	Pneumococcal	Monkeypox	
1.	1.	1.	1.	
2.	2.	2.	2.	
	3.	Hepatitis A/B (Twinrix) Combination Series	Other	
1.	4.			1.
2.	5.			2. 3.

Signature / 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 _____