

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IMPORTANT – The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit.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 and the dates of vaccine administration must include the month, day, and the year.

Please Keep a Copy for Your Records.

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

- **High School Records** – These may contain some, but not all of your immunization information. Contact Student Health for help if needed. **Your immunization records do not transfer automatically. You must request a copy for health services.**
- **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 for health services.**

SECTION A: COLLEGE/UNIVERSITY VACCINES AND NUMBER OF DOSES REQUIREMENTS
(For further information: <http://www.immunizenc.com/college.htm>)

VACCINE REQUIRED <small>(REVIEW ALL FOOTNOTES BELOW)</small>	Diphtheria, Tetanus, and/or Pertussis ¹	Polio ²	Measles ³	Mumps ⁴	Rubella ⁵	Hep B ⁶
DOSES REQUIRED	3	3	2	2	1	3

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 be the adult Tdap.**

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.

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 the student was born before 1957.

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; Or the student was born before 1957.

FOOTNOTE ⁵ – Rubella vaccine is not required if any of the following occur: 50 years of age or older; An individual who has been documented by serological testing to have a protective antibody titer against rubella and submits a lab report.

FOOTNOTE ⁶ – Hepatitis B vaccine is not required if born before July 1, 1994. Per NC Immunization Law, Hepatitis B titers are not accepted. The last dose should not be administered prior to 24 weeks of age. If this is the case, a fourth dose will need to be administered.

INTERNATIONAL STUDENTS and/or non-US Citizens: Vaccines are required as noted above. Additionally, these students are required to have a TB test (PPD or TST) that has been administered and read at an appropriate medical facility within the 12 months prior to the first day of classes (chest x-ray required if test is positive).

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

North Carolina House Bill 825 requires public and private institutions with on-campus residents to provide information about meningococcal disease. Attached to this form is information regarding meningococcal disease, including recommendations from the Centers for Disease Control of the U.S. Public Health Service. Please record on the front of this form, whether or not you have received the meningococcal vaccine. If, yes, please note the month, day, and year of the vaccination.

Medical History Form and Immunization Form are BOTH Required

Appalachian State University
Student Health Services

Medical Records/Immunizations
614 Howard Street, Boone NC 28608

Office: (828) 262-6578
Fax: (828) 262-6958

IMMUNIZATION RECORD

Term: _____

			900-
Last Name	First Name	Middle Name	Date of Birth
			Banner ID #
Street Address		City	State
			Zip Code

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 to this form.
Student to confirm identifying information above is complete before submission.

SECTION A REQUIRED IMMUNIZATIONS	mo/day/year	mo/day/year	mo/day/year	mo/day/year
DTP or Td or Tdap	(#1)	(#2)	(#3)	(#4)
Td Booster	(#5)	(#6)	(#7)	(#8)
Tdap Booster (If due, update after 7/2008)				
Polio				
**MMR (after 1 st birthday)				
**Measles (after 1 st birthday)				
Mumps			<small>*Disease Date</small> NOT ACCEPTABLE	<small>**Titer Date & Result</small> <small>SUBMIT LAB REPORT WITH REFERENCE RANGE</small>
Rubella			<small>*Disease Date</small> NOT ACCEPTABLE	<small>****Titer Date & Result</small>
Hepatitis B Series (Required if born 7/1/94 or after)			<small>***Disease Date</small>	<small>****Titer Date & Result</small>

SECTION B RECOMMENDED/OPTIONAL IMMUNIZATIONS

The following immunizations are recommended for all students and may be required by certain colleges or departments (for example, health sciences).
Please consult your college or department materials for specific requirements.

Meningococcal Vaccine: ()No ()Yes *which vaccine?* ()Menactra ()Menveo ()Menomune **Date administered:**

	mo/day/year	mo/day/year	mo/day/year	mo/day/year
Hepatitis A series only				
Hepatitis A/B combination series				
HPV (Gardasil/Cervix)				
Varicella (chicken pox) series of two doses or Immunity by positive blood titer			<small>Disease Date</small>	<small>****Titer Date & Result</small>
Tuberculin Skin Test (TST/PPD) <small>Date Read</small> (within 12 months) Report result in mm induration				
Chest X-Ray (if positive TST/PPD) <small>Date</small> Attach Radiology Report <small>Results</small>				
Treatment (if applicable) <small>Date</small>				
Haemophilus influenzae Type B				
Pneumococcal (optional)				
Other				
Other				

ALL INFORMATION BELOW REQUIRED:

Signature of Physician/Physician Assistant/Nurse Practitioner or Clinic Stamp	Date
Print Name of Physician/Physician Assistant/Nurse Practitioner	Telephone Number
Office Address	City
	State
	Zip Code

*History of physician-diagnosed measles disease is acceptable, but must have signed statement from physician.
 ** Must repeat Rubeola, Mumps, and Rubella (measles) vaccine if received more than 4 days prior to 12 months of age
 ***Only lab 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.