

# M.S. Shook Student Health Service

## 2016-2017 Health Information & Immunizations

Welcome to Appalachian State University. We look forward to helping you meet your healthcare needs as you embark on an exciting educational experience.

The Report of Medical History and Immunization Records will become a part of your Health Service medical record. Your past medical history will enable us to provide more informed and timely care for you when you visit.

**North Carolina General Statute §130A 152-157** requires that ALL students entering college present a certificate of immunization which documents that the student has received the immunizations that are required by law. This documentation must be signed by a healthcare provider and include an office address. Students may be withdrawn from the university 30 days after classes begin if the mandatory immunization and TB requirements have not been met.

### Deadlines for Submission

Fall Admission—July 1

Spring Admission—January 1

◆ If immunization requirements are not met, you will not be able to begin classes for the term. ◆



You are now required to log-in to the Online Student Health Portal using your AppState Banner ID and password. Please keep your log-in information confidential. It does allow access to your health information.

#### Within MedPortal, you can:

- ◆ Complete Medical Forms (Health History Form, Pre-Visit Forms, Immunization Forms)
- ◆ View Immunization Records
- ◆ Receive Secure Messages from the Student Health Center Staff
- ◆ Schedule/Cancel Appointments (Future Enhancement)

#### Instructions for completing the Required Online Forms

1. Go to [www.medportal.appstate.edu](http://www.medportal.appstate.edu)
  2. Log-in using your AppState Id and password.
  3. Click the link for Forms, then select the Health History Form.
  4. Ask your health care provider to complete and sign or stamp the printed PDF immunization form to verify all immunizations.
  5. Click the link for Immunizations, enter all immunization dates, in the corresponding spaces, then upload copies of immunization records to be verified.
  6. If the immunization record received is incomplete, a “to-do” checklist item will be placed on the MedPortal account notifying the student what information is missing.
- All immunization records are required to be submitted in, or translated into English.
  - YOU WILL BE WITHDRAWN FROM THE UNIVERSITY BY THE REGISTRAR’S OFFICE 30 days after classes begin if immunization requirements have not been met and the Immunization information has not been received by Student Health Services.
  - For additional information, visit [www.healthservices.appstate.edu/medportal](http://www.healthservices.appstate.edu/medportal)
  - If you have question about how to access MedPortal or have technical difficulties, please call the Help Desk at (828)262-6266

**Information about Meningococcal Disease and Meningococcal Vaccine  
from the M. S. Shook Student Health Service**

The following information regarding meningococcal disease and meningococcal vaccine is based on guidelines established by the American College Health Association and the Centers for Disease Control and Prevention (CDC).

Meningococcal disease continues to pose a small but definite risk to college students, with 100 to 125 cases occurring on campuses across the nation each year, resulting in 5 to 15 deaths. The disease is caused by the bacteria, *Neisseria meningitidis*, and is transmitted through the air by tiny droplets from the respiratory tract of an infected person, through sharing contaminated items such as cigarettes or drinking glasses, or by direct contact, such as kissing.

If infected, a person may experience any of the following:

- high fever
- rash
- nausea
- vomiting
- severe headache
- neck stiffness
- lethargy
- light sensitivity

The disease tends to occur in late winter and early spring, overlapping the flu season. The infection progresses rapidly, making early medical care essential.

The vaccine against meningitis is 85% to 100% effective for the group of germs that account for 70% of the disease. Immunity begins 7-10 days after vaccination and lasts 3-5 years.

Contact your personal physician for further information about meningitis and the vaccine's availability in your community.

If you wish to be vaccinated and are unable to be given the immunization before you come to campus, the vaccine is available at cost through the Health Service during summer orientation and early fall months.

Should you have any questions regarding meningococcal disease or the vaccine once you arrive on campus, please feel free to contact the Health Service or visit our website at [www.healthservices.appstate.edu](http://www.healthservices.appstate.edu).

**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 <sup>1</sup>	Polio <sup>2</sup>	Measles <sup>3</sup>	Mumps <sup>4</sup>	Rubella <sup>5</sup>	Hep B <sup>6</sup>
<b>DOSES REQUIRED</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>3</b>

**FOOTNOTE <sup>1</sup>**– 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** and 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 if a tetanus/diphtheria toxoid or tetanus/diphtheria/pertussis vaccine has not been administered within the past 10 years.

**FOOTNOTE <sup>2</sup>**– An individual attending school who has attained his or her 18<sup>th</sup> birthday is not required to receive polio vaccine.

**FOOTNOTE <sup>3</sup>**– 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 <sup>4</sup>**– 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 <sup>5</sup>**– 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 <sup>6</sup>**– 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-	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth</b>	<b>Banner ID #</b>
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>

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)	
<b>Tdap Booster</b> (If due, update after 7/2008)					
Polio					
**MMR (after 1 <sup>st</sup> birthday)					
**Measles (after 1 <sup>st</sup> birthday)					
**Mumps					SUBMIT LAB REPORT WITH REFERENCE RANGE
			*Disease Date	****Titer Date & Result	
			NOT ACCEPTABLE	****Titer Date & Result	
			***Disease Date	****Titer Date & Result	
**Rubella					
			NOT ACCEPTABLE	****Titer Date & Result	
			***Disease Date	****Titer Date & Result	
Hepatitis B Series (Required if born 7/1/94 or after)					

### 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			Disease Date	****Titer Date & Result
Tuberculin Skin Test (TST/PPD) <span style="float: right;">Date Read</span> (within 12 months) <span style="float: right;">Report result in mm induration</span>				
Chest X-Ray (if positive TST/PPD) <span style="float: right;">Date</span> Attach Radiology Report <span style="float: right;">Results</span>				
Treatment (if applicable) Date				
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.