

Guidelines for Completing Immunization Form - Deadline August 1, 2014

IMPORTANT

- Records must be documented in ink and any corrections must be signed OR a digital printout stamped by your healthcare provider may be attached.
- All records must include month, day and year of vaccine administration.
- All immunization documentation needs to have student's name, date of birth, health care provider signature and/or health care facility stamp.

Section A: Required Immunizations

Students 17 years of age or younger

- 3 DTP (Diphtheria, Tetanus, Pertussis) or Td (Tetanus, Diphtheria) doses:
- One Td or Tdap booster must have been within the past 10 years*
- 3 Polio (oral) doses
- 2 Measles (Rubeola), 2 Mumps, 1 Rubella (MMR is preferred vaccine)
- 3 Hepatitis B

Students 18 years of age or older

- 3 DTP (Diphtheria, Tetanus, Pertussis) or Td (Tetanus, Diphtheria) doses:
- One Td booster must have been administered within the past ten years.
- 2 Measles (Rubeola), 2 Mumps, 1 Rubella (MMR is preferred vaccine)**
- 3 Hepatitis B (If born on or after July 1, 1994)

Students born before 1957

- 3 DTP (Diphtheria, Tetanus, Pertussis) or Td (Tetanus, Diphtheria) doses:
- One Td booster must have been administered within the past ten years.
- 1 Rubella dose

TUBERCULIN SKIN TEST (PPD) is recommended within twelve months preceding the beginning of classes (and chest x-ray if test is positive).

NOTE:

- *If a Td has not been administered in the past 10 years you must receive a Tdap.
- History of Measles (Rubeola) is acceptable if the physician verifies that the student had the disease prior to January 1, 1994.
- Blood titer tests showing immunity are acceptable for Measles, Mumps, Rubella, and Hepatitis B. Laboratory test results must be attached.
- **An individual who enrolled in college for the first time before July 1, 1994 is not required to have a second dose of Measles.

Section B: Recommended Vaccines

- Meningococcal
- Varicella (chicken pox) series of two doses or immunity by positive titer

Section C: Other Vaccines

- Hemophilus Influenza, B, Pneumococcal, Hepatitis A series, Influenza, HPV

INTERNATIONAL STUDENTS:
Vaccines are required as noted above. **Records must be in English.**

North Carolina state law (general Statute 130A-155.1) requires anyone entering college to present a certificate of immunization that documents their compliance with all required immunizations.

Immunization Record: *(Please type or print in black ink.)* **REQUIRED**

| | | | |
|-----------|------------|-------------|---------------------------|
| | | | |
| Last Name | First Name | Middle Name | Date of birth (mo/day/yr) |

| Section A: Required Immunizations | | | | |
|--|-----------|-----------|--------------|---------------------|
| | Mo/day/yr | Mo/day/yr | Mo/day/yr | Mo/day/yr |
| DTP or Td | #1 | #2 | #3 | #4 |
| Td or Tdap booster within 10 years (circle one) | #5 | | | |
| Polio | | | | |
| MMR (2 Doses required) | #1 | #2 | | |
| Measles | #1 | #2 | Disease date | Titer Date & Result |
| Mumps | #1 | #2 | | Titer Date & Result |
| Rubella | #1 | | | Titer Date & Result |
| Hepatitis B Series (If born on or after July 1, 1994) | #1 | #2 | #3 | Titer Date & Result |

Disease B: Recommended Vaccines

| | Mo/day/yr | Mo/day/yr | Mo/day/yr | Mo/day/yr |
|--|-----------|---------------|------------------|---------------------|
| Meningococcal | | | | |
| Varicella (chicken pox) series of two doses or immunity by positive blood titer | #1 | #2 | | Titer Date & Result |
| International Students PPD/BCG | Date | mm induration | Date Chest X-ray | X-ray results |
| Tuberculin (PPD) Test | | | | |
| mm indurations | | | | |
| Chest X-ray (if positive PPD) Date | | | | |
| Results | | | | |
| Treatment (if applicable) | | | | |

Section C: Other Vaccines

| | Mo/day/yr | Mo/day/yr | Mo/day/yr |
|-------------------------|-----------|-----------|-----------|
| Hemophilus Influenza, B | | | |
| Pneumococcal | | | |
| Hepatitis A series | | | |
| HPV | | | |
| BCG | | | |

Clinician Signature or Clinic Stamp _____ Date _____

Office Address _____

Area code/phone number _____

**Please return completed form to
Wellness Center
Belmont Abbey College
100 Belmont - Mt. Holly Road
Belmont, North Carolina 28012
Phone (704) 461-6877 Fax (704) 461-6878**