



BELMONT ABBEY COLLEGE

THAT IN ALL THINGS GOD MAY BE GLORIFIED

STUDENT MEDICAL FORM

Deadlines:

August 1 for fall enrollment
January 1 for spring enrollment

Please return this completed form to:

Wellness Center
Belmont Abbey College
100 Belmont – Mt. Holly Road
Belmont, North Carolina 28012
704-461-6877
704-461-6878 Fax
healthservices@bac.edu

This form can be downloaded from:

<http://belmontabbeycollege.edu/student-life/wellness-center/health-services/>

TO APPLICANT

Please fill in the information regarding personal and family history. Your examining physician should complete the remainder of the information. The information that you provide is confidential. It will be kept in your personal health folder for use by professional staff only. For additional information about completing this health record, please refer to “Guidelines for Completing Student Medical Form.”

WELLNESS CENTER | PHONE: {704} 461 6877 | TOLL FREE: {888} 222 0110 | FAX: {704} 461 6878

BELMONT ABBEY COLLEGE | 100 BELMONT-MT. HOLLY ROAD | BELMONT, NC 28012 | HEALTHSERVICES@BAC.EDU

Guidelines for Completing Student Medical Form

IMPORTANT

- Have your healthcare provider complete this form **or**, either attach a computer printout or a copy of their office documentation of your immunizations. All of the information below must be included.
- All immunization documentation needs to have: month, day and year of vaccine administration, student's name, date of birth, health care provider signature and/or health care facility stamp.
- Records must be documented in ink and any corrections must be signed.
- Confirm with your healthcare provider that you have received all required vaccines.

INTERNATIONAL STUDENTS:

Vaccines are required as below. **Records must be in English.**

Section A: Required Immunizations

Students 17 years of age or younger at time of arrival on campus

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

Students 18 years of age or older at time of arrival on campus

- 3 DTP (Diphtheria, Tetanus, Pertussis) or Td (Tetanus, Diphtheria) doses:
- A Tdap booster must have been administered within the past ten years.
- 2 Measles (Rubeola), 2 Mumps, 1 Rubella (Usually given as MMR combination 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:
- A Tdap 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:

- 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 and Rubella if vaccine documentation is not available. 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 (Meningitis)
- 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

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

Your healthcare provider's office may instead, attach a computer printout of your immunization records. It must include student's name, date of birth, date of vaccine, and name and address of healthcare provider. Please confirm with your healthcare provider that you received the required vaccines listed below.

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Last Name First Name Middle Name Date of birth (MM-DD-YR)

Section A: Required Immunizations				
	MM-DD-YR	MM-DD-YR	MM-DD-YR	MM-DD-YR
DTP or Td	#1	#2	#3	#4
Tdap within 10 years				
Polio (Required if age 17 or younger)				
Hepatitis B Series (If born on or after July 1, 1994)	#1	#2	#3	
MMR (Measles, Mumps and Rubella) (2 Doses required)	#1 After 1 st Birthday	#2		
Or				
Measles (If given separately or titer drawn)	#1 After 1 st Birthday	#2	Disease date	Titer Date & Result
Mumps (If given separately or titer drawn)	#1	#2		Titer Date & Result
Rubella (If given separately or titer drawn)	#1			Titer Date & Result

Disease B: Recommended Vaccines

	MM-DD-YR	MM-DD-YR	MM-DD-YR	MM-DD-YR
Meningococcal				
Varicella (chicken pox) series of two doses or immunity by positive blood titer	#1	#2		Titer Date & Result
International Students PPD	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

	MM-DD-YR	MM-DD-YR	MM-DD-YR
Hemophilus Influenza, B			
Pneumococcal			
Hepatitis A series			
HPV (Gardasil)			
BCG			

Clinician Signature or Clinic Stamp _____ Date _____

Office Address _____

Area code/phone number _____

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