

GUIDELINES FOR COMPLETING IMMUNIZATION RECORD

IMPORTANT

- Records must be documented in **BLACK INK** and all corrections must be signed.
- All dates must include **month, day, and year** of administration.

SECTION A...

Immunizations that are **REQUIRED** pursuant to NC state law.

Students 17 years of age and younger.....**REQUIRED:**

- 3 DTP (Diphtheria, Tetanus, Pertussis) or Td (Tetanus, Diphtheria) doses; one Td booster must have been within the last 10 years
- 3 Polio (oral) doses
- 2 Measles (Rubeola), 1 Mumps, 1 Rubella (MMR is the preferred vaccine)

Students born in 1957 or later and 18 years of age or older.....**REQUIRED:**

- 3 DTP (Diphtheria, Tetanus, Pertussis) or Td (Tetanus, Diphtheria) doses; one Td booster must have been within the last 10 years
- 2 Measles (Rubeola), 1 Mumps, 1 Rubella (MMR is the preferred vaccine)

Students born before 1957**REQUIRED:**

- 3 DTP (Diphtheria, Tetanus, Pertussis) or Td (Tetanus, Diphtheria) doses; one Td booster must have been within the last 10 years
- Rubella dose (not required if student is 50 years of age or older)

NOTE ...

- History of Measles (Rubeola) is acceptable if physician verifies that student had the disease prior to January 1, 1994
- Blood liter tests are acceptable for MMR (Measles, Mumps Rubella) and Hepatitis B. Laboratory results must be attached.
- Only one Measles (Rubeola) dose on or after first birthday is required for students who entered college for the first time before July 1, 1994. Students who entered after July 1, 1994 must have two doses of Measles vaccine. Some schools, however, require a second Measles (Rubeola) vaccine for ALL students. Please consult instructions on front sheet.

TUBERCULIN SKIN TEST (PPD) IS REQUIRED within the **TWELVE MONTHS PRECEDING** the beginning of classes (or chest x-ray if test is positive).

SECTION B ...

Recommended vaccines **ARE REQUIRED** by certain programs or departments (for example, Athletic Training). Please consult your program or department materials for specific requirements

SECTION C ...

These vaccines are **OPTIONAL** or for future use.

IMMUNIZATION RECORD

(Please type or print in black ink)

Last Name	First Name	MI	Date of Birth (mo/day/year)	*Social Security Number
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SECTION A

Required Immunizations

	mo/day/year	mo/day/year	mo/day/year	mo/day/year
* DTP or Td				
* Td Booster				
* Polio				
* Measles (MMR)			Disease Date	Titer Date and Result
* Mumps (MMR)				Titer Date and Result
* Rubella (MMR)				Titer Date and Result
* Tuberculin (PPD test) <small>Date mm induration</small>				
Chest X-ray, if positive PPD <small>Date Results</small>				
Treatment, if applicable <small>Date</small>				

SECTION B

The following immunizations are required for all Athletic Training and PA Program students and may be required by other departments (for example, Health Sciences). Please consult your department materials for specific requirements.

	mo/day/year	mo/day/year	mo/day/year	
* Hepatitis B Series Required for Athletic Training and PA Program Students			Disease Date	Titer Date and Result

SECTION C

Optional Vaccines

	mo/day/year	mo/day/year	mo/day/year
* Hemophilus Influenzae, b			
* Pneumococcal			
* Meningococcal			
* Hepatitis A series			
* Varicella (chicken pox)		Disease Date	Titer Date and Result
* Other			

Clinician Signature or Clinic Stamp _____ Telephone _____
Office Address _____ Date _____

Do Not Write In This Space