

All students are required to submit immunizations under North Carolina Law unless:

Students reside off campus and are registered for any combination of:

- Off campus courses
- No more than four traditional day credit hours in on-campus courses
- Evening courses (start at 5:00PM or later)
- Weekend courses

**IMPORTANT – The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit.**

## Step 1 – Collect your immunization history

You may use the *Immunization Record Form* on page three (3) of this document to record your immunization history.

Please enter as much of your immunization information as possible.

This form will require a signature or clinic stamp from your physician or health department.

**OR**

You may submit other acceptable records as proof of your immunizations.

Those records may be obtained from of the following:

- NCIR records are an acceptable proof of immunization.
- North Carolina High School Records – These may contain some, but not all of your immunization information.
  - High school transcripts from other states are not considered acceptable documentation per NC Branch of Immunization Requirements.
- Previous College or University – **Your immunization records do not transfer automatically. You must request a copy.**
- Personal Shot Records – Must be verified by a doctor's signature or by a clinic or health department stamp.
- Military Records or WHO (World Health Organization) Documents – These records may not contain all of the required immunizations.
- State Immunization Registry Documents

Your records must include:

- Name
- Student ID Number (92#)
- Month, Day & Year of Immunization
- Date of Birth
- Name and address of the physician or clinic that administered the immunization

## Step 2 – Determine your specific immunization requirements

### North Carolina Required Immunizations

#### **Hepatitis B Requirement**

Three (3) shot series must be completed.

Students born before July 1, 1994 are not subject to this requirement.

Note that HIB is not the same as HEPB/HBV

#### **MMR (Measles, Mumps, Rubella) Requirement\* Live Virus\*\***

2 MMR vaccines 28 days apart beginning on or after the 1st birthday

2 measles, 2 mumps and 1 rubella single dose OR

Documentation of (+) titer

Students born before 1957 are not subject to this requirement except in case of outbreak

These immunizations may include a combination of the following:

Titers are accepted with documentation by serological testing to have a protective antibody titer.

\*Measles and Mumps vaccines are not required if any of the follow occur: an individual who has been documented by serological testing to have a protective antibody titer against measles and mumps and **submits the lab report**; An individual born prior to 1957; or Enrolled in college or university for the first time before July 1, 1994. An individual entering college or university prior to July 1, 2008 is not required to receive a second dose of measles or mumps vaccine. Rubella is not required if any of the follow occur: 50 years of age or older; Enrolled in college or university before February 1, 1989 and after their 30<sup>th</sup> birthday; An individual who has been documented by serological testing to have a protective antibody titer against rubella and **submits the lab report**.

#### **Polio Requirement**

Three (3) doses are required.

Students who have attained his or her 18th birthday is not subject to this requirement.

#### **Diphtheria-Tetanus-Pertussis (DTP childhood series) and Tdap (Tetanus-Diphtheria-pertussis)**

All students entering college on or after July 1, 2008 must have had three (3) doses of tetanus/diphtheria toxoid

One dose must be a Tdap

One dose recommended within the last 10 years

#### **Varicella Requirement – Live Viruses\*\***

One (1) dose of varicella vaccine if born after April 1, 2001 OR

Documented Disease by a provider OR

Documentation of (+) positive titer

#### **Tuberculosis Screening**

Required of international students or non-US Citizens.

Students from high-risk countries (as determined by CDC) may require a Tuberculin Skin Test (TST) or PPD

\*\*Live Viruses must be given on the same day or 28 days apart, for example, MMR and varicella.

### **Meningococcal conjugate (MenACWY)**

Two doses

One dose is required for individuals entering the seventh grade or by 12 years of age, whichever comes first, on or after July 1, 2015.

A booster dose is required by 17 years of age or by entering the 12th grade. However:

- The first dose does not apply to individuals who entered seventh grade before July 1, 2015.
- The booster dose does not apply to individuals who entered the 12th grade before August 1, 2020.
- If the first dose is administered on or after the 16th birthday, a booster dose is not required.
- An individual born before January 1, 2003, shall not be required to receive a meningococcal conjugate vaccine

### **North Carolina Recommended Immunizations**

#### **Hepatitis A**

#### **Human Papillomavirus (HPV)**

Three (3) shot series must be completed.

Specify Gardasil, Gardasil-9, or Cervarix.

#### **Pneumococcal**

#### **Learn why the American College Health Association recommends these additional Vaccines**

HPV - <https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html>

Yearly Flu Vaccine - <https://www.cdc.gov/flu/prevent/flushot.htm>

COVID-19 - <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/>

### **Step 3 – Submit your immunizations**

Log-In to Health Services' online patient portal at [wcu.medicatconnect.com](http://wcu.medicatconnect.com).

Complete the data entry as instructed on the portal.

Upload all applicable immunization documentation forms for verification and compliance by health services staff.

Important Note: You must have complete immunization information before registering for your class schedule.

Use this form if you do not have other proof of immunizations.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_92  
 Last Name                      First Name                      MI                      Date of Birth                      Student ID#

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 Address    City    State    Zip

<b>REQUIRED IMMUNIZATIONS</b>	<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>Immunization Name</b>	<b>Dose 1</b>	<b>Dose 2</b>	<b>Dose 3</b>	<b>Dose 4</b>
DTP/DTaP/Td				
Tdap Booster				
Polio				
Measles, Mumps, Rubella (MMR)				
Measles			Disease Date	Titer Date & Result
Mumps			Disease date not accepted	Titer Date & Result
Rubella			Disease date not accepted	Titer Date & Result
Hepatitis B (Required if born 7/1/94 or after)				
Varicella (Required if born on or after 4/1/01)			Disease Date	Titer Date & Result

Titers are accepted with documentation by serological testing to have a protective antibody.  
 Must repeat Measles (Rubeolla) vaccine if received more than 4 days prior to 12 months of age. History or physician-diagnosed measles disease is acceptable, but must have signed statement from physician. History of rubella or mumps disease, even from a physician, is not acceptable.

Meningococcal <input type="checkbox"/> Menactra <input type="checkbox"/> Menomune <input type="checkbox"/> Menveo <input type="checkbox"/> MPSV4 <input type="checkbox"/> MCV4	<b>Dose 1</b>	<b>Dose 2</b>		
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<b>RECOMMENDED IMMUNIZATIONS</b>	<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>Immunization Name</b>	<b>Dose 1</b>	<b>Dose 2</b>	<b>Dose 3</b>	<b>Dose 4</b>
Hepatitis A				
Pneumococcal				
Hepatitis A series				
Human Papilloma Virus (HPV) <input type="checkbox"/> Gardasil <input type="checkbox"/> Gardasil-9 <input type="checkbox"/> Cervarix				

**TUBERCULOSIS SCREENING**  
 Required of international students or non-US Citizens.  
 Students from high risk countries (as determined by CDC) may require a Tuberculin Skin Test (TST) or PPD.  
 Students with a positive skin test may be required to submit results from a recent chest x-ray.

**SIGNATURE OR CLINIC STAMP REQUIRED:**

\_\_\_\_\_  
 Signature of Physician/PA/NP

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name of Physician/PA/NP

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Office/Clinic Address    City    State    Zip Code

**Required immunizations must be entered by visiting our patient portal [wcu.medicatconnect.com](http://wcu.medicatconnect.com)** Upload all of your immunization documentation forms for verification and compliance by health services staff.

**IMPORTANT – The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit.**