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IMPORTANT – The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit.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

**MMR (Measles, Mumps, Rubella) Requirement**
Two (2) measles, Two (2) mumps and One (1) rubella are required.
Students born before 1957 are not subject to this requirement.
These immunizations may include a combination of the following:
- MMR (Measles, Mumps, Rubella)
  - Most students will have likely received these immunizations as one (1) combined immunization.
  - Dose one (1) of MMR must have been administered after student’s first birthday.
- Measles (may also be labeled Rubeolla)
- Mumps
- Rubella
  - Some students may have received these immunizations as separate shots

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

**Polio Requirement**
Three (3) doses are required.
Students who have attained his or her 18th birthday is not subject to this requirement.

**Tetanus Requirement**
Three (3) doses of tetanus/diphtheria toxoid.
One (1) must be current, administered within the past 10 years.
Tetanus immunizations may include a combination of the following:
- DTP (Diphtheria, Tetanus, Pertussis)
- DTaP (Diphtheria, Tetanus, acellular Pertussis)
- Td (Tetanus, Diphtheria)
- Tdap (Tetanus, Diphtheria, Pertussis)
**North Carolina Recommended Immunizations**

**Hepatitis A**

**Human Papillomavirus (HPV)**
Three (3) shot series must completed.
Specify Gardasil, Gardasil-9, or Cervarix.

**Meningococcal**
Specify Menactra, Menveo, Menomune, MPSV4, or MCV4.
Recommended booster after age 16.
North Carolina House Bill 825 requires public and private institutions with on-campus residents to provide information about meningococcal disease:

On October 20, 1999, the CDC’s Advisory Committee on Immunization Practices (ACIP) voted to recommend that college students, particularly freshmen living in residence halls, be educated about meningitis and the benefits of vaccination. The panel based its recommendation on recent studies showing that college students, particularly freshmen living in residence halls, have a six-fold increased risk for meningitis. The recommendation further states that information about the disease and vaccination is appropriate for other undergraduate students who also wish to reduce their risk for the disease. Furthermore, in June 2003 the General Assembly of North Carolina passed House Bill 825, which requires public and private colleges with residence halls to provide their students with information about meningococcal disease.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Symptoms may include high fever, headache, and a stiff neck. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease.

A vaccine is available that protects four types of the bacteria that cause meningitis in the United States – types A, C, Y and W-135. These types account for nearly two-thirds of meningitis cases among college students. Please contact your primary care physician or your local health department if you are interested in receiving this vaccine.

You can also find information about the disease at the Centers for Disease Control and Prevention [http://www.cdc.gov/meningitis/index.html](http://www.cdc.gov/meningitis/index.html).

**Pneumococcal**

**Varicella (chicken pox)**
Two (2) dose series
Titers are accepted with documentation by serological testing to have a protective antibody 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.
Students with a positive skin test may be required to submit results from a recent chest x-ray.

**Step 3 – Submit your immunizations**

Log-In to Health Services’ online patient portal at [wcu.medicatconnect.com](http://wcu.medicatconnect.com).
Follow the registration instructions.
Complete the data entry as instructed on the portal.
Upload all of your 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.
**Immunization Record Form**

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>Student ID#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

### REQUIRED IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Immunization Name</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DTaP/Td</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap Booster</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>Disease Date</td>
<td>Titer Date &amp; Result</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>Disease date not accepted</td>
<td>Titer Date &amp; Result</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td>Disease date not accepted</td>
<td>Titer Date &amp; Result</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (Required if born 7/1/94 or after)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

### RECOMMENDED IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Immunization Name</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received the meningococcal vaccine?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menactra</td>
<td>Menomune</td>
<td>Menevo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPSV4</td>
<td>MCV4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (chicken pox) series of two doses or immunity by positive blood titer</td>
<td>Disease Date</td>
<td>****Titer Date &amp; Result</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A series</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Papilloma Virus (HPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gardasil</td>
<td>Gardasil-9</td>
<td>Cervarix</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.medicalconnect.com](http://wcu.medicalconnect.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.