

IMMUNIZATION RECORD (Please Print)

Last Name _____ First Name _____ MI _____ Date of Birth / / Student ID# 920
 Address _____ City _____ State _____ Zip _____

SECTION A: REQUIRED IMMUNIZATIONS

	Mo/day/year	Mo/day/year	Mo/day/year	Mo/day/year
DTP				
Td				
Tdap (Tetanus, Diphtheria, and Pertussis)				
Polio				
MMR (after 1 st birthday)				
MR (after 1 st birthday)				
Measles (after 1 st birthday)				Titer Date & Result
Mumps (Disease date NOT accepted)				Titer Date & Result
Rubella (Disease date NOT accepted)				Titer Date & Result
TB (PPD) Skin Test (ONLY required for international students)	Date Read	mm indurations		
Chest x-ray (if positive PPD)	Date	Results		

SECTION B: RECOMMENDED IMMUNIZATIONS

Received the meningococcal vaccine?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	Mo/day/year	Mo/day/year	Mo/day/year	Mo/day/year
Meningococcal ¹				
Hepatitis B series ONLY				
Hepatitis A/B combination series				
Varicella (chicken pox) series of two doses or immunity by positive blood titer			Disease Date	Titer Date & Result

1. North Carolina law requires that we provide you with information about the meningococcal disease however, the vaccine is optional.

SECTION C: OPTIONAL IMMUNIZATIONS

	Mo/day/year	Mo/day/year	Mo/day/year	Mo/day/year
Haemophilus influenzae type b				
Pneumococcal				
Hepatitis A series				
Typhoid, Yellow Fever, HPV				
Other:				

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 _____

Western Carolina University
University Health Center
Bird Building, Cullowhee, NC 28723
Phone: (828) 227-7640 FAX: (828) 227-7400

Dear Students and Parents:

We would also like to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a new recommendation from the Centers for Disease Control and Prevention (CDC).

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. Western Carolina University has had only one case of bacterial meningitis since 1991 and we do not have any current cases.

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 on our web site at www.wcu.edu/studentdhlthserv/; the American College Health Association's web site at www.acha.org; or the Center for Disease Control and Prevention at www.cdc.gov/ncidod/dbmd/diseaseinfo.

IMPORTANT INFORMATION – PLEASE READ & COMPLETE

Statement by student or parent / guardian, if student is under age 18:

- A. I attest that the information provided in this form is true and complete to the best of my knowledge. I understand that the information is strictly confidential and its privacy is protected under federal law (HIPAA), therefore it will not be released to anyone without my written consent, unless it is needed to provide me (my son/daughter) with medical care in an emergency situation or otherwise required by law.
- B. **I hereby authorize any medical treatment for myself (my son/daughter) that may be advised or recommended by the health care providers of WCU.**

Student Signature

Date

Parent Signature (if student is under age 18)

Date

ADDITIONAL INFORMATION

If you are currently receiving treatment for a chronic medical condition (e.g., diabetes, asthma, seizures, etc.) and would like to inform the Health Center of your condition so that we can better serve your health care needs, please forward any medical records pertaining to this condition via fax or mail to the address or fax number listed at the top of this page.