WCU Health Services
Guidelines for Completing Immunization Record

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IMPORTANT – The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit.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.
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:
Titters 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 30th 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 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.
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:

**Pneumococcal**

Learn why the American College Health Association recommends these additional Vaccines

Meningococcal - https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html
Meningococcal B - https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html
HPV - https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.html
Yearly Flu Vaccine - https://www.cdc.gov/flu/prevent/flushot.htm

**COVID-19 Vaccine**

While the COVID vaccine is not required to attend WCU, if you have received a COVID vaccine and/or booster please submit proof of these with your other vaccination records

**Step 3 – Submit your immunizations**

Log-In to Health Services’ online patient portal at wcu.medicatconnect.com.
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.
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>
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<tbody>
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</table>

**Address**  
City  
State  
Zip

**REQUIRED IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Immunization Name</th>
<th>Required Date</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>
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<tr>
<td>Tdap Booster</td>
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<tr>
<td>Polio</td>
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<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
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<tr>
<td>Measles</td>
<td>Disease Date</td>
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<tr>
<td>Mumps</td>
<td>Disease date not accepted</td>
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<td>Rubella</td>
<td>Disease date not accepted</td>
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<tr>
<td>Hepatitis B (Required if born 7/1/94 or after)</td>
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<tr>
<td>Varicella (Required if born on or after 4/1/01)</td>
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</tbody>
</table>

Titer dates are accepted with documentation by serological testing to have a protective antibody.

**RECOMMENDED IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Immunization Name</th>
<th>Required Date</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>
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<tr>
<td>❑ Menactra ❑ Menomune ❑ Menveo</td>
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<td>❑ MPSV4 ❑ MCV4</td>
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<tr>
<td>Hepatitis A</td>
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<tr>
<td>Pneumococcal</td>
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<tr>
<td>Hepatitis A series</td>
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<tr>
<td>Human Papilloma Virus (HPV)</td>
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<tr>
<td>❑ Gardasil ❑ Gardasil-9 ❑ Cervarix</td>
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**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.medicateconnect.com](http://wcu.medicateconnect.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.