

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

REQUIRED IMMUNIZATIONS	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Immunization Name	Dose 1	Dose 2	Dose 3	Dose 4
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)				

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	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Immunization Name	Dose 1	Dose 2	Dose 3	Dose 4
Received the meningococcal vaccine? <input type="checkbox"/> Menactra <input type="checkbox"/> Menomune <input type="checkbox"/> Menveo <input type="checkbox"/> MPSV4 <input type="checkbox"/> MCV4				
Hepatitis A				
Varicella (chicken pox) series of two doses or immunity by positive blood titer			Disease Date	****Titer Date & Result
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.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IMPORTANT – The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit.