

# IMMUNIZATION RECORD

Last Name	First Name	Middle	Date of Birth ( MM/DD/YYYY )	Student ID# (850#)
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## SECTION A REQUIRED IMMUNIZATIONS

All students must submit a combination of 3 DTP, Td or Tdap vaccines regardless of age. One MUST be within the past 10 years.

Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
DTaP (Childhood <u>D</u> iphtheria, <u>T</u> etanus, and <u>P</u> ertussis)				
Td booster ( <u>T</u> etanus- <u>d</u> iphtheria)				
Tdap booster ( <u>T</u> etanus- <u>d</u> iphtheria and <u>p</u> ertussis booster)				
Polio (3 doses, only required if 17 years of age or younger)				
MMR ( <u>M</u> easles, <u>M</u> umps, <u>R</u> ubella – 2 MMR vaccines required on or after first birthday OR 2 Measles, 2 Mumps and 1 Rubella single doses OR positive Measles, Mumps, Rubella titers)				
Measles (2 required on or after first birthday OR positive titer OR documented disease date)				****Titer Date & Result
Mumps (2 required on or after first birthday OR positive titer)				OT ****Titer Date & Result
Rubella (1 required on or after first birthday OR positive titer)				OT ****Titer Date & Result
Hepatitis B Series (only required if born after July 1, 1994)				*****Titer NOT Accepted for required Hep B Series***

You must show that you've received at least 3 'Diphtheria, Tetanus & Pertussis' vaccines in your life time.  
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If the latest tetanus vaccine is more than 10 years old, then you'll also need a current booster vaccine.

You must show that you've received at least 2 'Measles, Mumps, Rubella' vaccines in your lifetime.  
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If you don't have your childhood records, you may submit lab results showing proof of immunity instead.

## SECTION B RECOMMENDED IMMUNIZATIONS

Received the Meningococcal vaccine (Menactra, Menveo, Menomune, MPSV4, MCV4)?  Yes  No

If Yes, date(s) vaccine was received (at least one dose)

Immunization Name	MM/DD/YYYY	MM/DD/YYYY
Hepatitis A		
Hepatitis A/B combination series		
Pneumococcal		
Human Papillomavirus (HPV)	Cervarix	
	Gardasil	
Varicella (chicken pox -2 doses, documentation of disease date or positive titer)		

If you were born after 1 June, 1994, then you must show that you've received 3 Hep B vaccines in your lifetime. Heb A/B series is acceptable.

Meningococcal vaccine - you must indicate if you've received the vaccine, "NO" or "YES".  
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If you have received the vaccine, then also provide the date and type of vaccine received.

If you were born after 1 April, 2001, then you must show that you've received 2 doses of varicella vaccine in your lifetime.  
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Include any history of disease (chicken pox) and date of diagnosis or age.  
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Titers are accepted, include the date and result value.

Tuberculin Skin Test (TST)	Date Read	mm induration	mm	ON or T-SPOT test	Result
<div style="border: 2px solid blue; padding: 5px; margin-bottom: 5px;">                     Any of the tuberculosis tests can be used, including:                      *Mantoux tuberculin skin test                      *QuantIFERON-TB Gold In-Tube test                      *T-SPOT.TB test                 </div>					
	result of IGRA test			Positive Negative	

International students are required to submit test results less than 1 year old showing they are TB negative.  
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This requirement is strictly enforced for students coming from the following UNCW exchange locations:  
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Argentina, Bahamas, Brazil, China, Ecuador, Japan, Korea-Republic, Mexico, Russian Federation, Saudi Arabia, South Africa, Spain, Turkey.

Signature of Health Care Provider	Date
Printed Name of Health Care Provider	
Office Address	City State
	Zip Code

Your immunization information must be confirmed by your medical provider.