ELON UNIVERSITY

REQUIRED COLLEGIATE START

(High school students/ early entry only – not for undergraduates)

IMMUNIZATION FORM

THIS IS REQUIRED INFORMATION

Complete this form and return **by July 1st** to:

STUDENT HEALTH SERVICES
301 S. O'Kelly Ave.
Elon, NC 27244
Phone: (336) 278-7230
Fax: (336) 538-6506

North Carolina law requires a documentation of immunizations to be on file with Student Health Services prior to the first day of class. Failure to comply will result in **ADMINISTRATIVE WITHDRAWAL** from the university.

- University policy and state regulations require that prior to the start of classes all new students submit documentation of all required immunizations. No physical exam is required.
- Any attachments must include student name, address, date of birth, sex and medical provider's signature.
- Please keep a copy of the form for your records.
- This form is for **COLLEGIATE START** students **ONLY (not Undergraduates)**
- **SUBMISSION DEADLINE:**
  - **JULY 1st**

GUIDELINES FOR COMPLETING IMMUNIZATION RECORD

UNDERGRADUATE STUDENTS CHECKLIST:

❑ The Immunization Record form must be completed and include patient first and last name, date of birth, and student ID number. All dates must include **month**, **day** and **year** of administration.
Records must include a clinician's signature or health department stamp.

❑ TB Screening Questionnaire (and TB risk assessment if applicable) MUST BE SUBMITTED even if all answers are "no"

IMMUNIZATION REQUIREMENTS PURSUANT TO NC STATE LAW

College/University Vaccine Requirements and Number of Doses							
Diphtheria Tetanus and/or Pertussis[1]	Polio[2]	Measles[3]	Mumps[4]	Rubella[5]	Hepatitis B[6]	Meningococcal[7]	Varicella[8]
3 Doses	3 doses	2 Doses	2 Doses	1 Dose	3 Doses	2 Doses	1 Dose

Footnote 1- Three doses are required for individuals entering college or university. Individuals entering college or university for the first time on or after July 1, 2008 must have had three doses of tetanus/diphtheria toxoid; one of which must be tetanus/diphtheria/pertussis.

Footnote 2- Three doses are required for individuals entering college or university. An individual attending school who has attained his or her 18th birthday is not required to receive polio vaccine.

Footnote 3- Two doses at least 28 days apart are required for individuals entering college or university. The requirement for a second dose does not apply to individuals who entered school, college or university for the first time before July 1, 1994. A person who has been diagnosed prior to January 1, 1994 by a physician (or designee such as a nurse practitioner or physician's assistant) as having measles (rubeola) or an individual who has been documented by serological testing to have a protective antibody titer against measles is not required to receive measles vaccine. Individuals born before 1957 are not required to receive measles vaccine except in measles outbreak situations.

Footnote 4- Two doses are required for individuals entering college or university. A physician's diagnosis is not acceptable for mumps disease(s). Individuals must be immunized or have laboratory confirmation of disease or have been documented by serological testing to have a protective antibody against mumps. Individuals born before 1957 are not required to receive the mumps vaccine. Individuals that entered college or university before July 1, 1994 are not required to receive the vaccine. Individuals that entered school, college, or university before July 1, 2008 are not required to receive the second dose of mumps vaccine.

Footnote 5- One dose is required for individuals entering college or university. A physician's diagnosis is not acceptable for rubella disease(s). Individuals must be immunized or have laboratory confirmation of rubella disease or have been documented by serological testing to have a protective antibody titer against rubella. Any individual who has attained his or her fiftieth birthday is not required to receive rubella vaccine except in outbreak situations. Any individual who entered college or university after his or her thirtieth birthday and before February 1, 1989 is not required to receive rubella vaccine except in outbreak situations.

Footnote 6- Three doses are required for individuals entering college or university. Hepatitis B vaccine is not required if an individual was born before July 1, 1994. For any individual who has never received the Hepitits B series, if you are 18 or older, you are a candidate for the Heplisav 2-dose Hep B series.

Footnote 7- CDC recommends vaccination with a meningococcal conjugate vaccine for all preteens and teens at 11 to 12 years old, with a booster dose at 16 years old.

Footnote 8- One dose is required for individuals entering college or university that were born on or after April 1, 2001. An individual who has laboratory confirmation of varicella disease immunity or has been documented by serological testing to have a protective antibody titer against varicella, or who has documentation from a physician, nurse practitioner, or physician's assistant verifying history of varicella disease is not required to receive varicella vaccine. The documentation shall include the name of the individual with a history of varicella disease, the approximate date or age of infection, and a healthcare provider signature. Individuals born before April 1, 2001 are not required to receive varicella vaccine.

IMMUNIZATION RECORD	(Please print in black ink) This form is to be completed and signed/stamped by a Physician/APP OR A copy of your immunization records signed/stamped from your medical provider will be accepted as well.			
Last Name	First Name	Middle Initial	Date of birth (MM/DD/YY)	Student ID number

SECTION A: REQUIRED IMMUNIZATIONS	(MM/DD/YY)	(MM/DD/YY)	(MM/DD/YY)	(MM/DD/YY)
DTP or Td				
Tdap (adult dose)				
Polio				
MMR (after first birthday)				
Measles (after first birthday)				
Mumps				
Rubella				
Varicella (Born on/after April 1st, 2001)				
Hepatitis B series				
Meningococcal (MCV4)**				
Current Seasonal Flu				

STUDENTS WILL NOT RECEIVE HOUSING ASSIGNMENT, BE ABLE TO CHECK IN ON CAMPUS OR ATTEND CLASS UNTIL DOCUMENTATION OF ALL REQUIRED MANDATED IMMUNIZATIONS ABOVE ARE RECEIVED BY DEADLINE

INSTITUTIONAL MADATE

SECTION B: RECOMMENDED and OPTIONAL IMMUNIZATIONS	(MM/DD/YY)	(MM/DD/YY)	(MM/DD/YY)	(MM/DD/YY)
Hepatitis A				
HPV				
Haemophilus influenza type b				
Pneumococcal				
Men B				

Signature or clinic stamp REQUIRED:

_____

Signature of Physician/Physician Assistant/Nurse Practitioner **Date**

_____

Print name of Physician/Physician Assistant/Nurse Practitioner **Area code/ phone number**

_____

Office address **City** **State** **Zip code**

Tuberculosis (TB) Screening Questionnaire

To be completed by student

Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YY)	Student ID Number

Please Answer the following questions:

Have you ever had a positive TB skin test?	❑ Yes ❑ No
Have you ever had close contact with anyone who was sick with TB?	❑ Yes ❑ No
Were you born in one of the countries listed below? (If yes, please CIRCLE the country)	❑ Yes ❑ No
Have you traveled to one or more of the countries listed below within the past three to five years? (If yes, please CIRCLE the country/ies)	❑ Yes ❑ No
Have you ever been vaccinated with BCG?	❑ Yes ❑ No

** The significance of the travel exposure should be discussed with a health care provider and evaluated.*

Afghanistan	Congo Cook Islands	Kazakhstan	Namibia	Sri Lanka
Algeria	Côte d'Ivoire	Kenya	Nepal	Sudan
Angola	Croatia	Kiribati	Nicaragua	Suriname
Argentina	Democratic People's Republic of Korea	Kuwait	Niger	Swaziland
Armenia	Democratic Republic of the Congo	Kyrgyzstan	Nigeria Pakistan	Syrian Arab Republic
Azerbaijan	Djibouti	Lao People's Democratic Republic	Palau	Tajikistan
Bahrain	Dominican Republic	Latvia	Panama	Thailand
Bangladesh	Ecuador	Lesotho	Papua New Guinea	The former Yugoslav Republic of Macedonia
Belarus	El Salvador	Liberia	Paraguay	Timor-Leste
Belize	Equatorial Guinea	Libyan Arab Jamahiriya	Peru	Togo
Benin	Eritrea	Lithuania	Philippines	Tonga
Bhutan	Estonia	Madagascar	Poland	Trinidad and Tobago
Bolivia (Plurinational State of)	Ethiopia	Malawi	Portugal	Tunisia
Bosnia and Herzegovina	French Polynesia	Malaysia	Qatar	Turkey
Botswana	Gabon	Maldives	Republic of Korea	Turkmenistan
Brazil	Gambia	Mali	Republic of Moldova	Tuvalu
Brunei Darussalam	Georgia	Marshall Islands	Romania	Uganda
Bulgaria	Ghana	Mauritania	Russian Federation	Ukraine
Burkina Faso	Guam	Mauritius	Rwanda	United Republic of Tanzania
Burundi	Guatemala	Micronesia (Federated States of)	Saint Vincent and the Grenadines	Uruguay
Cambodia	Guinea	Mongolia	Sao Tome and Principe	Uzbekistan
Cameroon	Guinea-Bissau	Montenegro	Senegal	Vanuatu
Cape Verde	Guyana	Morocco	Serbia	Venezuela (Bolivarian Republic of)
Central African Republic	Haiti	Mozambique	Seychelles	Viet Nam
Chad	Honduras	Myanmar	Sierra Leone	Yemen
China	India		Singapore	Zambia
Colombia	Indonesia		Solomon Islands	Zimbabwe
Comoros	Iraq		Somalia	
	Japan		South Africa	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2009. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://apps.who.int/ghodata/?vid=510

If the answer is YES to any of the above questions, Elon University requires that a health care provider complete and sign the TB Risk Assessment below.

If the answer to all of the above questions is NO, no further testing or further action is required.

Tuberculosis (TB) Risk Assessment

To be completed by health care provider in clinical setting

Persons with any of the following are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA).

Risk Factors include the following scenarios below:	
Recent close contact with someone with infectious TB disease?	❑ Yes ❑ No
Foreign-born from (or travel* to) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America)	❑ Yes ❑ No
Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease?	❑ Yes ❑ No
HIV/AIDS diagnosis	❑ Yes ❑ No
Organ transplant recipient	❑ Yes ❑ No
Immunosuppressed (equivalent of > 15 mg/day of prednisone for >1 month or TNF-α antagonist)	❑ Yes ❑ No
History of illicit drug use?	❑ Yes ❑ No

** The significance of the travel exposure should be discussed with a health care provider and evaluated.*

1. Does the student have signs or symptoms of active tuberculosis disease? **Yes _____ No _____**

If Yes, proceed with additional evaluation to exclude active tuberculosis disease. Proceed with a tuberculin skin test or a Interferon Gamma Release Assay (IGRA). TB **test must be administered within six months of arriving on campus.**

If NO, no further steps are necessary, just a Provider/APP signature below.

Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)**

Date Given: ____/____/____ (M D Y) Date Read: ____/____/____ (M D Y)

Result: _____ mm of induration **Interpretation: positive____ negative____

Interferon Gamma Release Assay (IGRA)

Date Obtained: ____/____/____ (M D Y) (specify method) QFT-G QFT-GIT T-Spot other_____

Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

Date Obtained: ____/____/____ (M D Y) (specify method) QFT-G QFT-GIT T-Spot other_____

Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

Chest x-ray: (Only Required if TST or IGRA is positive)

Date of chest x-ray: ____/____/____ Result: normal____ abnormal____
M D Y

Physician/APP Signature or Stamp: _____
Date: _____

****Interpretation guidelines**
>5 mm is positive:
- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1 month; taking a TNF-α antagonist
- Persons with HIV/AIDS

>10 mm is positive:
- Persons born in a high prevalence country or who resided in one for a significant* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker, or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes

>15 mm is positive:
- Persons with no known risk factors for TB disease

**The significance of the exposure should be discussed with a health care provider and evaluated.*