

ELON UNIVERSITY

School of Health Sciences (PA-S, DPT, ABSN)

Immunization Forms

THIS IS REQUIRED INFORMATION

Complete this form and return to:

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

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 a medical history form and documentation of all required immunizations.
- Any attachments must include student name, address, date of birth, and medical provider's signature.
- Please keep a copy of the form for your records.
- This form is for **HEALTH SCIENCE** students in the School of Health Sciences (PA-S, DPT and ABSN).
- **SUBMISSION DEADLINE:**
 - o **July 1st: ABSN**
 - o **November 1st: PA-S, DPT**

CHECKLIST FOR COMPLETING IMMUNIZATION/TITER REQUIREMENTS

- o The Immunization Record form must be completed. All dates must include **month, day** and **year** of administration. ****If required immunizations cannot be found, Titers must be collected for these immunizations to prove immunity.****
- o All medical forms must be signed/stamped by a licensed medical professional
- o Documentation of required Hepatitis B titer
- o Two Step Tuberculosis Skin Test or QuantiFERON Blood Test.

College/University Requirements and Number of Doses						
Diphtheria Tetanus and/or Pertussis ₁	Measles, Mumps, Rubella ₂	Hepatitis B ₃	Varicella ₄	Influenzas	Tuberculosis Testing ₅	Meningococcal
3	2	3	2	1	2	

Footnote1— Documentation of primary immunization series (3 doses of any combination of DTP, DTaP, DT, or Td) with a booster dose of Tdap. If you have not received a primary series, you will need to get an adult tetanus series which consists of 3 vaccine doses, the first administered at any time, with the 2nd dose 1 month later and the 3rd dose 6 months later- one of those doses must be a Tdap.

Footnote2 - Documentation of primary immunization series of 2 doses with the first one given on or after the pt. birthday and 2nd one at least one month later.

Footnote3 – Documentation of primary immunization series of 3 doses and a Hepatitis B surface antibody titer showing immunity (at least 10mIU/ml is positive). If there is a negative titer or if you have not been previously immunized an adult series of 3 doses is required, with the first dose administered at any time, the 2nd dose 1 month later, and the 3rd dose 5 months after the 2nd. A titer is required 1- 2 months after completion of the series. A vaccine whose anti-HBs remains less than 10mIU/mL after 6 months is considered a "non-responder" and will be managed under CDC guidelines for non-responders. A physician letter is required stating student is "non-responder".

Footnote4 - Evidence of immunity to varicella includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

Footnotes— Influenza vaccine for the current season

Footnote5— Tuberculosis testing may be achieved either with a two-step Mantoux tuberculin skin test (PPD) or TB blood test. Two-step test is a TB skin test administered and read per protocol and repeated in 1- 3 weeks if the initial result is negative. Annual single TB skin tests will be required after the baseline PPD.

<https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>

Footnote1 _Meningococcal conjugate vaccine— two doses: one dose is required for individuals entering the seventh grade or by 12 years of age, whichever comes first, on or after July 1, 2015. A booster dose is required by 17 years of age or by entering the 12th grade. If the first dose is administered on or after the 16th birthday, a booster dose is not required.

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 Name	Date of birth (MM/DD/VY)	Health Science Program

SECTION A: REQUIRED IMMUNIZATIONS and TITERS	(MM/DD/VY)	(MM/DD/VY)	(MM/DD/VY)	(MM/DD/VY)
DTP or Td				
Tdap (within last 10 yrs.)				
MMR (after first birthday)				
MR (after first birthday)				
Measles (after first birthday)				
Mumps				
Rubella				
Hepatitis B series				
Hep B Surface Antibody Titer	Date Collected: _____ Date Received: _____ Result: _____			
Polio IPV/OPV				
Varicella				
Meningococcal acwy/mcv4				
Seasonal Flu (PA-S, DPT ONLY)				
SECTION B: OPTIONAL IMMUNIZATIONS	(MM/DD/VY)	(MM/DD/VY)	(MM/DD/VY)	(MM/DD/VY)
Hepatitis A				
HPV				
Pneumococcal				
Other				
SECTION C: REQUIRED TB 2 step skin test administration dates (Must be 1 - 3 weeks apart) <u>or</u> TB Blood Test	Date Administered/Collected	Date Read	Results	
Step 1 PPD				
Step 2 PPD				
TB QuantiFERON Gold Blood Test				
Chest X-Ray (If positive PPD/Blood Test)				

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 _____