

# Elon University

## GRADUATE/LAW PROGRAMS

### Immunization/Vaccine Forms

#### **THIS IS REQUIRED INFORMATION**

Complete this form and submit to your Phoenix Health Portal

<https://www.elon.edu/u/health-wellness/health-services/phoenix-health-portal/>

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

- This Packet is for **GRADUATE** students.
- University policy and state regulations required that prior to the start of classes all new students submit documentation of all required immunizations.
- Any attachments must include student name, date of birth and medical provider's signature.
- Please keep a copy of the form for your records.
- Please check with your specific Graduate Program for submission deadlines, failure to submit these forms by the start of your program will lead to **DISENROLLMENT** from the program.

Please call Elon Student Health Services for any questions or concerns at 336-278-7230 or email [healthservices@elon.edu](mailto:healthservices@elon.edu) from your Elon e-mail account.

Upload these forms and all required documentation to your PHOENIX HEALTH PORTAL

## IMMUNIZATION REQUIREMENTS PURSUANT TO NC STATE LAW

- The Immunization Record Form must be completed and signed/stamped by a licensed medical professional.
- All dates must include the **month, day, and year** of administration.
- If required immunizations cannot be found, Titers can be collected to prove immunity.
- TB screening Questionnaire/TB Risk Assessment (if applicable) **MUST BE SUBMITTED** even if all answers are no.

### **College/University Vaccine Requirements and Number of Doses**

Diphtheria Tetanus and/or Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Meningococcal	Varicella	COVID-19
3 doses	3 Doses	2 Doses	2 Doses	1 Dose	3 Doses	1 or 2Doses	1 Dose	2 or 3 Doses

### **NCDHHS and Elon University Guidelines for Required Immunizations**

#### **Diphtheria, Tetanus, and pertussis**

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.

#### **Polio**

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.

#### **Measles**

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.

#### **Mumps**

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.

#### **Rubella**

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.

### **Hepatitis B**

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.

### **Varicella**

One dose is required for individuals entering college or university that were born on or after April 1, 2001.

### **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. An individual born before January 1, 2003, shall not be required to receive a meningococcal conjugate vaccine.

### **COVID 19 Vaccine (Up to Date)**

One dose Johnson and Johnson plus booster (when eligible) or two doses Pfizer or Moderna plus booster (when eligible). **You must also upload a copy of your COVID-19 vaccine card.**

<b>Immunization Record</b>			(Please print in black ink) This form is to be completed and signed/stamped by a medical Physician/APP. A copy of your immunization record signed/stamped from your medical provider is accepted.	
Last Name	First Name	MI	DOB (MM/DD/YYYY)	<b>Graduate Program</b>

**\*\*STATE/INSTITUTIONAL MANDATE\*\***

Section A: Required Depending on DOB/Guidelines	(MM/DD/YYYY)	(MM/DD/YYYY)	(MM/DD/YYYY)	(MM/DD/YYYY)
DTP or TD				
TDaP (Within last 10 years)				
Polio				
MMR				
Measles				
Mumps				
Rubella				
Varicella				
Hepatitis B				
Meningococcal ACWY/MCV4				
<b>COVID-19</b> (include type of vaccine received with date of each dose)				

Sections B: Recommended	(MM/DD/YYYY)	(MM/DD/YYYY)	(MM/DD/YYYY)	(MM/DD/YYYY)
Hepatitis A				
HPV				
Hemophilus Influenza Type B (HIB)				
Pneumococcal				
Meningitis B				

**Signature or Clinic Stamp **REQUIRED**:**

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Signature of Physician/Physician Assistant/Nurse Practitioner

Date

