Elon University

School of Health Sciences (SHS) PA-S, DPT, NURSING Immunization Forms

THIS IS REQUIRED INFORMATION

Complete this form and submit to:

- Student Health Service 301 S. O'Kelly Ave Elon, NC 27244
- Fax: (336) 538-6506
- Upload to Phoenix Health Portal

(Please choose one of the options above to submit your Immunization Forms)

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.

- University policy and state regulations required 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, date of birth and medical provider's signature.
- Please keep a copy of the form for your records.
- This immunization packet is for the School of Health Science (SHS) students in the School of Health Sciences Programs: PA-S, DPT, and NURSING.
- Submission Deadlines:
 - o July 1st: NURSING
 - November 1st: PA-S and DPT

Please call Elon Student Health Services for any questions or concerns at 336-278-7230.



Additional COVID-19 Vaccination Information:

Healthcare professionals and students who work directly with patients may be at a higher risk of contracting or spreading serious infectious diseases, such as COVID-19. In following recommendations from the Centers for Disease Control (CDC), the American Medical Association (AMA), and other health authorities, the majority of clinical placement sites in our area have added the COVID-19 vaccine to the list of required immunizations for employees, staff, students, and volunteers working in the clinical setting. Any COVID-19 vaccination policy that has been developed and implemented through a clinical site is separate and independent from Elon's policy.

School of Health Sciences General Vaccination Policy is that students are required to be fully vaccinated.

Current School of Health Sciences (SHS) position on the COVID-19 vaccine:

Students in Elon's School of Health Sciences (SHS) will be subject to the COVID-19 vaccination requirements through both Elon University and their clinical placements. As a Health Sciences student, this means:

- You are responsible for following the deadlines and documentation requirements for the vaccination policy implemented by your clinical placement site;
- In addition to submitting proof of vaccination status to your Health Sciences Program and Elon University, you will also be required to submit proof of your vaccination status directly to the clinical placement site;
- If you are exempt from Elon's vaccination requirement, **you may not be exempt** from the vaccination requirements that are in place through your clinical site; and
- If your clinical site offers vaccination exemptions, you are responsible for submitting any necessary documentation directly to your clinical site to apply for an exemption.

If you are unable to meet the requirements of your clinical site's vaccination policy, the Director of Clinical Education may be able to assist you in locating a different site; however, **there is no guarantee that you will be able to secure an alternate clinical placement**. Students who are removed from a clinical site or have a cancelled clinical rotation due to vaccine status may have access to any remaining existing sites, subject to availability and site policies; however, due to the time required to contract with appropriate placements, the clinical education teams are not in a position to secure new sites. Please be aware that being unvaccinated may limit your clinical placement options, which may delay your progression through your respective program or course of study. If you are an unvaccinated student in the School of Health Sciences, you should contact your Director of Clinical Education as soon as possible to discuss your clinical placement options and course progression projections.

Notice of potential changes under review: Add the COVID-19 vaccine to the general School of Health Sciences vaccination policy, which means that the COVID-19 vaccine will be required for all SHS students, and the only recognized exemption will be medical. This alignment with our general policy for other vaccinations may occur anytime in the future, and all students will be expected to comply.

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.
- SHS Programs require vaccines, test and titers in addition to the NCDHHS
 mandates that are required of all university students, listed below. SHS students are
 to refer to and complete the following Immunization Record Form (2 pages) for
 additional items and are required to submit to Elon Student Health and their SHS
 Program.

College/University Vaccine Requirements and Number of Doses

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

NCDHHS 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.

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. Note: Hepatitis B is a requirement for all SHS students, regardless of birth date..

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.

Immunization Record			(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)	School of Health Sciences Program		

Institutional Mandate- Elon University - NC DHHS

(MM/DD/YYYY)	(MM/DD/YYYY)	(MM/DD/YYYY)	(MM/DD/YYYY)
(MM/DD/YYYY)	(MM/DD/YYYY)	(MM/DD/YYYY)	(MM/DD/YYYY)
			(MM/DD/YYYY) (MM/DD/YYYY)

Signature or Clinic Stamp REQUIRED:						
Signature of Physician/Physician Assistant/Nurse Practitioner	Date					

Continue to next page

Immunization Record	(Please print in black ink) This form is to be complete 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	MI		DOB (MM/DD/YYYY)		School of Health Sciences Program	
** <mark>School of Health Science</mark>	es PA-S. DPT. NURS	SING	- Addition	al Reguir	emen	ts**	
Required:	(MM/DD/YYYY)		/DD/YYYY)	(MM/DD/		(MM/DD/YYYY)	
COVID 19 Vaccine (Name)							
Current Seasonal Flu Vaccine							
Required:	Date	Date Date Received		ived/Read	d Results		
Hep B Surface Antibody Titer	Collected/Adminis	tered					
Varicella 2 Doses or Positive Tite	er						
TB 1st Step PPD Skin test							
TB 2 nd Step PPD Skin test							
OR							
TB QuantiFERON Gold Blood Te	st						
*Please choose betwee You DO NOT need to do **If you choose to do th weeks apart. If your 2 nd process again. **	o both, just one or t ne 2 Step PPD Skin	the ot Test,	her. * administra	ation dat	es mu	ıst be 1-3	
***If you have a POSTIV performed. ***	/E PPD/QuantiFERO	ON tes	st, you will	need to	have	a Chest x-ray	
Signature or Clinic Star	mp <mark>REQUIRED</mark> :						
Signature of Physician	/Physician Assistan	ıt/Nur	se Practiti	oner		Date	