



## GUIDELINES FOR COMPLETING IMMUNIZATION RECORD

**Welcome to Gardner-Webb University!**

The student immunization record must be completed and returned **BEFORE** you arrive on campus.

**Deadlines: August 1 for FALL ENROLLMENT**

**December 15 for SPRING ENROLLMENT**

- Acceptable records of your immunizations may be obtained from any of the following: High school records, physician, health department, military record, or previously attended college. *These records may not fulfill all the requirements noted below.*
- Immunization form must be completed and signed by a health care provider.
- Records must include a physician's signature, health department stamp, or high school record attachment.
- Immunization dates must include **month, day, and year** of administration.
- **Important – The immunization requirements must be met, or according to NC law, you will be withdrawn from classes without credit. It is your responsibility to assure compliance with required immunizations.**

**Immunizations that are REQUIRED pursuant to NC state law and institutional policy.**

### COLLEGE/UNIVERSITY VACCINE REQUIREMENTS AND NUMBER OF DOSES

Diphtheria, Tetanus and/or Pertussis <sup>1</sup>	Polio <sup>2</sup>	Measles <sup>3</sup>	Mumps <sup>4</sup>	Rubella <sup>5</sup>	Hepatitis B <sup>6</sup>	Varicella <sup>7</sup>
3	3	2	2	1	3	1

**Footnote<sup>1</sup>** - DTP (Diphtheria, Tetanus, Pertussis), DTaP (Diphtheria, Tetanus, a cellular Pertussis), Td (Tetanus, Diphtheria), Tdap (Tetanus, Diphtheria, Pertussis): 3 doses of tetanus/diphtheria toxoid of which one must have been within the past 10 years. Those individuals enrolling in college or university for the first time on or after July 1, 2008 must have had three doses of tetanus/diphtheria toxoid and a booster dose of tetanus/diphtheria/pertussis vaccine if a tetanus/diphtheria toxoid or tetanus/diphtheria/pertussis vaccine has not been administered within the past 10 years.

**Footnote<sup>2</sup>** - An individual attending school who has attained his or her 18th birthday is not required to receive polio vaccine.

**Footnote<sup>3</sup>** - Measles vaccines are not required if any of the following occur: Diagnoses of disease prior to January 1, 1994; An individual who has been documented by serological testing to have a protective antibody titer against measles; or An individual born prior to 1957. An individual who enrolled in college or university for the first time before July 1, 1994 is not required to have a second dose of measles vaccine.

**Footnote<sup>4</sup>** - Mumps vaccine is not required if any of the following occur: An individual who has been documented by serological testing to have a protective antibody titer against mumps; An individual born prior to 1957; or Enrolled in college or university for the first time before July 1, 1994. An individual entering college or university prior to July 1, 2008 is not required to receive a second dose of mumps vaccine.

**Footnote<sup>5</sup>** - Rubella vaccine is not required if any of the following occur: 50 years of age or older; Enrolled in college or university before February 1, 1989 and after their 30th birthday; An individual who has been documented by serological testing to have a protective antibody titer against rubella.

**Footnote<sup>6</sup>** - Hepatitis B vaccine is not required if any of the following occur: Born before July 1, 1994.

**Footnote<sup>7</sup>** - One dose of Varicella 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.

# PLEASE RETURN THIS FORM

## IMMUNIZATION RECORD (PLEASE TYPE OR PRINT IN BLACK INK)

To be completed and signed by physician or clinic. **A copy of your COMPLETE immunization record from a physician or clinic may be attached to this form.**

*(See other side for acceptable forms of documentation. Please note that you are required to have a series of three (3) DTP doses with a Tdap booster within the last 10 years. Also, note that you may require a second Measles (Rubella). These are usually not current on your high school immunization records.)*

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)

### REQUIRED IMMUNIZATIONS

	Month/day/year	Month/day/year	Month/day/year	Month/day/year
<b>DTP or Td</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
<b>Tdap Booster</b>				
Polio				
<b>MMR</b>				
Measles				Titer Date and Result must be attached
Mumps				Titer Date and Result must be attached
Rubella				Titer Date and Result must be attached
<b>Hepatitis B</b>				Titer Date and Result must be attached
<b>Varicella</b>				Titer Date and Result must be attached

**\*\*You may attach other shot records, OR official high school shot records, if available. If a physician administers your immunizations, please make sure to have the physician sign and date.**

\_\_\_\_\_  
Physician's Signature or Health Care Provider Clinic Stamp Date

\_\_\_\_\_  
Print Name of Physician/Physician Assistant/Nurse Practitioner Area Code/Phone Number

### PLEASE RETURN COMPLETED FORM TO:

Registrar - Immunization Records  
Gardner-Webb University P.O.  
Box 997  
Boiling Springs, NC 28017  
Fax 704-406-4261

**DEADLINES:** August 1 for fall enrollment | December 15 for spring enrollment