



Guidelines for Completing Immunization Record

North Carolina state law, N.C.G.S. §130A-155.1, mandates students attending a college or university, whether public or private, to present a Certificate of Immunization or a record of an immunization from a high school. In general, the law requires those students who reside on campus or students residing off-campus who are taking five (5) or more traditional day credit hours on campus per semester, must meet the North Carolina State Law Immunization requirements contained in the student health form. Exceptions to this law include: students who have a bona fide documented medical or religious exemption; students who reside off-campus and are exclusively enrolled in only weekend, evening, online courses; and students enrolled in no more than four (4) traditional day hours per semester. **Important: The immunization requirements must be met, or according to NC law, you will be withdrawn from classes without credit.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.**

- The student immunization record must be completed and returned **BEFORE** you arrive on campus. The deadline dates are as follows: **August 1 for FALL ENROLLMENT** and **December 15 for SPRING ENROLLMENT**.
- Be certain that your Name, Date of Birth, and Student ID Number appear on each sheet and that all forms are mailed together. The records must have the vaccine administration dates. The dates **MUST** include the month, day, and the year.
- Acceptable Records of your Immunizations may be obtained from any of the following:
 1. **Personal Shot Records/Local Health Department** – Must be verified by a doctor’s stamp or signature, or by a clinic or health department stamp with address.
 2. **Military Records or WHO (World Health Organization) Documents**- These records may not contain all of the required immunizations. Required records within these documents are however accepted. Must have clinic address.
 3. **Previous College or University Records**- Your immunization records do not transfer automatically. You must request to have copy sent to our Immunizations Department. Must have clinic address.

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	Varicella ⁷
3	3	2	2	1	3	1

- **Footnote¹** - 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.
- **Footnote²** - An individual attending school who has attained his or her 18th birthday is not required to receive polio vaccine.
- **Footnote³** - 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.
- **Footnote⁴** - 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.
- **Footnote⁵** - 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.
- **Footnote⁶** - Hepatitis B vaccine is not required if any of the following occur: Born before July 1, 1994.
- **Footnote⁷** - 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.



**GARDNER-WEBB
UNIVERSITY
DEAN of STUDENTS' OFFICE**

GARDNER-WEBB UNIVERSITY - IMMUNIZATION RECORD

Last Name	First Name	Middle
Date of Birth (MM/DD/YYYY)		Banner ID# (BID)

SECTION A REQUIRED IMMUNIZATIONS

All students must submit documentation of 3 DTP, Td or Tdap vaccines regardless of age. One MUST be a Tdap.				
Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
DTaP/DTP/Td (Diphtheria/Tetanus/Pertussis or Tetanus/Diphtheria Toxoid)				
Tdap booster (All Students MUST show proof of a Tdap booster)				
Polio (3 doses, only required if 17 years of age or younger)				
MMR (Measles, Mumps, Rubella – 2 MMR vaccines required on or after first birthday OR 2 Measles, 2 Mumps and 1 Rubella single doses OR positive Measles, Mumps, Rubella titers)				
Measles (2 required on or after first birthday OR positive titer OR documented disease date)			Disease Date	**Titer Date & Result
Mumps (2 required on or after first birthday OR positive titer)			(Disease Date NOT Accepted)	**Titer Date & Result
Rubella (1 required on or after first birthday OR positive titer)			(Disease Date NOT Accepted)	**Titer Date & Result
Hepatitis B Series (only required if born after July 1, 1994)	Titer NOT Accepted for required Hepatitis B Series			
Engerix-B (3 doses required) OR				
Heplisav-B (2 doses required)				
Varicella (1 dose, documentation of disease date or positive titer)			Disease Date	**Titer Date & Result

SECTION B RECOMMENDED IMMUNIZATIONS

Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Tuberculin Skin Test (TST) Date Read mm induration Date of IGRA (QuantiFERON or T-SPOT) test Result of IGRA test				
	mm	mm	mm	mm
			**Chest X-ray Date	
	YPositive YNegative	YPositive YNegative	**Chest X-ray Result	YPositive YNegative

** Must attach a copy of all laboratory and Chest X-ray results

Signature and Credentials of Health Care Provider

Date

Printed Name and Credentials of Health Care Provider

Area Code/Phone Number

Office Address

City

State

Zip Code

Please send completed forms to:
 Gardner-Webb University
 Office of the Vice President and Dean of Students
 PO Box 7271
 Boiling Springs, NC 28017