

This document is a guide to assist in completing immunization compliance requirements for admission to NC State University as required by North Carolina State Law (General Statute 130A-155.1).

The Immunization Office, located in Student Health Services at NC State University, is staffed by Immunization Coordinators who review and verify submitted documents and provide notification to each student via Secure Messaging in the [HealthyPack Portal](#) once the process is complete.

If you have questions or need assistance please email the immunizations department at immunizations@ncsu.edu, or call 919-515-7233 or 919-513-4302. Please visit the [Student Health Services](#) website for more details. Please note Student Health Services is open year round to administer needed immunizations once you arrive.

The North Carolina General Statute 130A-155.1 applies to all students EXCEPT students that fall within the categories below:

Students residing off campus

AND Enrolled in:

1. Off-campus courses (distance education)
2. Evening courses (classes beginning after 5:00 p.m.)
3. Weekend courses
4. Four or less credit hours, on-campus, during daytime hours

Step 1: Send Us a Copy of Your Immunization Record

We are required by law to have a copy of your immunization record. The record **must** have a health care provider's name and address or clinic stamp with provider name and address.

Accepted Forms of Immunization Documentation Include:

- ☐ Government or Health Department issued Personal Immunization Record
- ☐ High School Transcript or College/University Record
- ☐ Military Record
- ☐ Physician/Clinic Office record with clinic stamp/address
- ☐ NC Immunization Registry or Other State Immunization Registry Records
- ☐ NC State University Standard Immunization Form with clinic stamp/address (pg. 4)
- ☐ World Health Organization International Certificate of Vaccination

You may:

- ☐ Upload your record into your HealthyPack Portal at sso.medicatconnect.com
 - Fax: 1-888-972-4149
- ☐ Visit the Student Health Center and drop it off, or
- ☐ Mail to:
 - Attention: Immunizations Department
 - NC State University, Student Health
 - Services Campus Box 7304
 - Raleigh, NC 27695-7304

*We will NOT be accepting records via e-mail. Uploading documents directly into your HealthyPack Portal is the most secure and preferred method. Please try to avoid sending in duplicate records. *

Step 2: Complete the Health History and TB Screening Forms Online

- ☐ **Log into NC State HealthyPack Portal** at sso.medicatconnect.com.
 - **Select the "forms" tab** at the top of the page to take you to a page that allows you to complete your Health History and TB Screening Forms.

Please note that the TB Questionnaire is only available on the HealthyPack Portal after you register for classes

NOTE: Immunization requirements are mandatory under state law (North Carolina General Statute 130a 152-157). If immunization requirements are not met, registration for classes will be cancelled. Registration will not be reinstated until immunization requirements are met.

Guidelines For Completing The Immunization Record

IMPORTANT: The Immunization requirements must be met or according to NC law, you will be withdrawn from classes without credit.

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:

- **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.
- ☐ **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.
- ☐ **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 Vaccines And Number of Dose Requirements

VACCINE REQUIRED Review All Footnotes Below	Diphtheria, Tetanus, and Pertussis ¹	Polio ²	Measles ³	Mumps ⁴	Rubella ⁵	Hepatitis B ⁶
Doses Required	3	3	2	2	1	3

Footnote 1 – 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.

Footnote 2 – 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.

Footnote 3 – 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.

Footnote 4 – 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.

Footnote 5 – 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.

Footnote 6 – 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.

Tuberculosis (TB) Testing Requirement

You are required to have a tuberculosis test if one of the following applies to you:

- You are an international student from a high risk country
- You are a non-U.S. citizen from a high risk country
- You have traveled to a high risk country for more than one month

All tests must be administered by a **NC State University acceptable medical facility** within the 12 months preceding the first day of classes. Testing can be in the form of a PPD (Tuberculin test) or blood test (Interferon Gamma Release Assay, "IGRA"). PPD readings must be stated in mm induration. A "nil" or "negative" result is not acceptable.

We **do not accept** the results of PPD tests or chest x-rays completed in medical facilities outside the United States. You may wait and have these test(s) done after you arrive at NC State University. Student Health Services can perform a blood test (IGRA) to detect a tuberculosis bacterial infection. Blood Tests outside of the United States are accepted if completed in the past 12 months. If you receive this test at the Student Health Center, and have health insurance coverage under the [University- Sponsored Health Insurance Plan](#), your health insurance policy will cover the cost of the test if given after the effective insurance date. If you need this test done please call (919)-515-2563 to make an appointment once you are on campus.

LIST OF HIGH RISK COUNTRIES

Afghanistan	Congo	Iran (Islamic Republic of)	Namibia	Singapore
Algeria	Côte d'Ivoire	Iraq	Nauru	Solomon Islands
Angola	Democratic People's Republic of	Kazakhstan	Nepal	Somalia
Anguilla	Korea	Kenya	Nicaragua	South Africa
Argentina	Democratic Republic of the	Kiribati	Niger	South Sudan
Armenia	Congo	Kuwait	Nigeria	Sri Lanka
Azerbaijan	Djibouti	Kyrgyzstan	Northern Mariana	Sudan
Bangladesh	Dominican Republic	Lao People's Democratic	Islands	Suriname
Belarus	Ecuador	Republic	Pakistan	Swaziland
Belize	El Salvador	Latvia	Palau	Tajikistan
Benin	Equatorial Guinea	Lesotho	Panama	Thailand
Bhutan	Eritrea	Liberia	Papua New Guinea	Timor-Leste
Bolivia (Plurinational State of)	Estonia	Libya	Paraguay	Togo
Bosnia and Herzegovina	Ethiopia	Lithuania	Peru	Trinidad and Tobago
Botswana	Fiji	Madagascar	Philippines	Tunisia
Brazil	French Polynesia	Malawi	Poland	Turkmenistan
Brunei Darussalam	Gabon	Malaysia	Portugal	Tuvalu
Bulgaria	Gambia	Maldives	Qatar	Uganda
Burkina Faso	Georgia	Mali	Republic of Korea	Ukraine
Burundi	Ghana	Marshall Islands	Republic of Moldova	United Republic of
Cabo Verde	Greenland	Mauritania	Romania	Tanzania
Cambodia	Guam	Mauritius	Russian Federation	Uruguay
Cameroon	Guatemala	Mexico	Rwanda	Uzbekistan
Central African Republic	Guinea	Micronesia (Federated States	Saint Vincent and the	Vanuatu
Chad	Guinea-Bissau	of)	Grenadines	Venezuela (Bolivarian
China	Guyana	Mongolia	Sao Tome and Principe	Republic of)
China, Hong Kong SAR	Haiti	Montenegro	Senegal	Viet Nam
China, Macao SAR	Honduras	Morocco	Serbia	Yemen
Colombia	India	Mozambique	Seychelles	Zambia
Comoros	Indonesia	Myanmar	Sierra Leone	Zimbabwe

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

NC State University- IMMUNIZATION RECORD

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY)	Personal ID# (PID)

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 Hep B Series

SECTION B RECOMMENDED IMMUNIZATIONS

Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Has the student received the Meningococcal vaccine (Menactra, Menveo, Menomune, MPSV4, MCV4)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, date(s) received - Booster dose recommended at age 16				
Meningococcal B vaccine (Bexsero or Trumenba - Please discuss risks and benefits of this vaccine with your medical provider)				
Hepatitis A				
Hepatitis A/B combination series				
Pneumococcal				
Human Papillomavirus (HPV)	Cervarix			
	Gardasil			
	Gardasil-9			
Varicella (2 doses, documentation of disease date or positive titer)			Disease Date	**Titer Date & Result
Tuberculin Skin Test (TST)	Date Read			
	mm induration	mm	mm	mm
	Date of IGRA (QuantiFERON or T-SPOT) test			
	Result of IGRA test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Negative

** Must attach a copy of the titer laboratory 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 _____

*Must repeat Rubeola (measles) vaccine if received more than 4 days prior to 12 months of age. History of physician-diagnosed measles disease is acceptable, but must have signed statement from physician.

**Only laboratory proof of immunity to rubella or mumps is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician is not acceptable.

Meningococcal (meningitis) Disease and Vaccination Information Sheet

Meningococcal Disease is a rare but potentially fatal bacterial infection caused most often by the bacterium *Neisseria meningitidis*. Meningococcal Meningitis is an inflammation of the membranes surrounding the brain and spinal cord that can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death. Meningococcal bacteria are transmitted through the air via droplets of respiratory secretion, by oral contact with shared items, such as cigarettes or drinking glasses, by kissing, or by direct contact with an infected person. Although anyone can come in contact with the bacteria that cause meningococcal disease, data also indicate certain social behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at increased risk for the disease. Patients with respiratory infections, compromised immunity, those in close contact to a known case, and travelers to endemic areas of the world are also at increased risk.

Symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, rash, nausea, vomiting, and lethargy, and may resemble the flu. Meningitis usually peaks in late winter and early spring and its flu-like symptoms make diagnosis difficult. The bacteria may be carried in the nose or throat without symptoms. Meningococcal may also cause other body infections instead of meningitis, such as septic arthritis, brain inflammation, and pneumonia. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently.

Treatment with antibiotics should begin as soon as the diagnosis is considered.

Vaccination is available to protect against four of the five most common strains of bacteria that cause meningitis in the United States -- types A, C, Y, and W-135. These types account for nearly two thirds of meningitis cases among college students. The vaccine is 85% effective against these four groups and provides protection for approximately three to five years. The current vaccine does not protect against the group B bacteria strain. The vaccine is very safe; adverse reactions are mild and infrequent, consisting primarily of redness and pain at the injection site lasting up to two days.

The Centers of Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommends that college students, particularly freshmen living in residence halls, be educated about meningitis and the benefits of vaccination. This recommendation is based on recent studies showing that college students living in residence halls, particularly freshmen, have a six-fold increased risk of contracting meningitis over other college students. The recommendation further states that information about the disease and vaccination is appropriate for other undergraduate students who also wish to reduce their risk for the disease. To learn more about meningitis and the vaccine, we encourage you to visit the CDC website at http://www.cdc.gov/ncidod/diseases/sub_meningitis.htm, consult your health care provider, or you may contact our Immunization Office by calling 919.515.7233.