



IMMUNIZATION RECORDS FORM

Please upload the completed form to your Salem College Magnus Health account by August 1. For Magnus technical support questions, please contact the IT Help Desk at help@salem.edu.

*****IMPORTANT: The immunization requirements must be met; or, according to North Carolina law, or you will be withdrawn from classes without credit.*****

Acceptable Records of Your Immunizations May be Obtained from Any of the Following:

- **Your Healthcare Provider**
- **High School Records** – These may contain some, but not all, of your immunization information. High School Transcript Records are not sufficient. If you have questions, please contact Admissions.
- **Personal Shot Records** – Must be verified by a doctor’s stamp or signature or by a clinic or health department stamp.
- **Local Health Department**
- **Military Records or WHO (World Health Organization) Documents**
- **Previous College or University** – Your immunization records do not transfer automatically. You must request a copy.

Important Requirements:

1. Be certain that your name and Social Security/ID Number appear on each sheet and that all forms are mailed together.
2. The records must be in black ink and the dates of vaccine administration must include the month, day, and year.
3. You must submit a copy of your full immunization record along with the completed form below.
4. ***TB risk assessment form must be completed by all residential students.***

**You are encouraged to keep a copy of your immunizations for your records.*

INTERNATIONAL STUDENTS

Vaccines are required according to age. Additionally, international students (if your home country is ***other than: Australia, New Zealand, Canada, Western Europe or Japan***) are required to have a tuberculosis (TB) skin test and negative result within the 12 months preceding the first day of classes (***chest x-ray required if test is positive***).

IMMUNIZATION RECORDS

To be completed by a physician or clinic. Please print in English and with black ink.

NAME: LAST _____ FIRST _____ MIDDLE _____

DATE OF BIRTH: ____ / ____ / ____

REQUIRED IMMUNIZATIONS	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
	1	2	3	4
DTP or TD (primary series)				
Tdap booster (within the last 10 years)				
Polio				
MMR (after first birthday)				
**Measles (after first birthday)			*Disease date not accepted.	*Titer date & result:
**Mumps			*Disease date not accepted.	*Titer date & result:
**Rubella			*Disease date not accepted.	*Titer date & result:
Hepatitis B (if born AFTER July 1, 1994)				*Titer date & result:
Varicella (chicken pox) one dose or immunity by positive blood titer (if born ON or AFTER April 1, 2001)			*Disease date:	*Titer date & result:
TB Risk Assessment form must be completed, by student, on pages 3-4				

Must repeat Rubeola (measles) vaccine if received even one day prior to 12 months of age. Disease date not accepted after January 1, 1994. Only laboratory proof of immunity to rubella or mumps disease is acceptable if the vaccine is not taken.

Physician Signature or Clinic Stamp Required: _____

Print Name of Physician: _____ Date: _____

Office Address: _____ Phone: (____) _____

TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE

Name: Last: _____ First: _____ Middle: _____

Date of birth: ____ / ____ / ____

1. Are you from or have you lived for two months or more in Africa, Asia, Central or South America, or Eastern Europe:

- No
- Yes
- If yes, list countries _____

2. Have you been diagnosed with a chronic condition that may impair your immune system?

- No
- Yes: If yes, check all that apply:
 - Chronic steroid use
 - Gastrectomy/intestinal bypass
 - Diabetes mellitus
 - HIV infection
 - Crohn's disease
 - Dialysis/Renal failure
 - Cancer of the head or neck
 - Rheumatoid arthritis
 - Chronic malabsorption syndromes
 - Silicosis Use of TNF- α antagonist
 - Low body weight (10% or more below ideal)
 - Leukemia, Lymphoma or Hodgkin's disease
 - Other: _____

3. Have you ever resided, worked, or volunteered in any of the following facilities?

- No
- Yes: If yes, check all that apply:
 - Prison
 - Hospital
 - Nursing home/Long term care facility
 - Homeless shelter
 - Other _____

4. Do you currently have any of the following symptoms?

- No
- Yes: If yes, check all that apply:
 - Cough > 3 weeks
 - Unexplained fever
 - Chest pain
 - Chills
 - Productive cough (coughing up something)
 - Night sweats
 - Respiratory difficulty (shortness of breath)
 - Loss of appetite

- Coughing up blood
- Unexplained weight loss
- Fatigue
- Weakness

5. Have you ever had contact with a person known to have active tuberculosis?

- No
- Yes

6. Have you ever used injection drugs?

- No
- Yes

7. Have you had a tuberculin skin test before?

- No
- Yes: If yes, list where given (*attach results*) _____
Date ___/___/___

The information above is true and complete to the best of my knowledge, and I am aware that deliberate misrepresentation may jeopardize my health. I understand that this information is confidential and will not be released without my knowledge and written permission.

Signature of Student or Guardian: _____

Date: _____

STATE OF NORTH CAROLINA IMMUNIZATION GUIDELINES

- **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. 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.