Dear Student:

All Fleer Center students admitted are required to submit, as part of the application process, the appropriate documentation of the immunization requirements that apply, according to the student’s age. The Guidelines for Completing the Immunization Record can be obtained online at www.salem.edu visit the Fleer Center page and download the Fleer Center Immunization Letter and Guidelines, and it will be available in the Fleer Center office and in the Health Center. The completed record must be received and approved by the Director of Health Services BEFORE the student will be allowed to register for classes. Records not received after 30 days from the first day of class will result in the student being removed from class. The Health and Counseling Center is located in the basement of Clewell Residence Hall. Staff is available to accept immunization records and to answer questions August-May, Monday through Friday from 8:30 a.m. to 12:00 noon and from 1:00 pm to 4:00 pm. Records may also be faxed to 336-723-7836. The phone number is 721-2713.

If you do not have a copy of your immunization record, contact your previous high school or college, your personal physician, a hospital emergency room where you may have received a tetanus booster, military records, local health department, and your parents.

If, after checking all possible resources, you determine that you will need to get immunizations, go to your County Health Department and tell them you need the immunizations to satisfy a COLLEGE immunization REQUIREMENT. It is very helpful if you take the Guidelines for Completing Immunization Record form along with any records that you have located. The immunizations are FREE if you are starting college in NC for the first time. Forsyth County Health Department has Immunization clinics with no appointment necessary. You can call 703-3100 regarding clinic days and times. Immunizations can also be obtained through Passport Health Triad at 2805 Lyndhurst Ave., Winston-Salem: 768-0717, or a CVS Minute Clinic for a fee.
# Guidelines for Completing Immunization Record FLEER

**Student Name:** ____________________________________________  **DOB:** __________________________

**Phone Number:** __________________________  **Date Of Enrollment:** __________________________  **Student ID#** __________________________

## Student Age- Vaccine & Dose(s) Requirements

**Students born in 1957 or later – July 1, 1994**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP or Td</td>
<td>3 doses</td>
</tr>
<tr>
<td>Polio</td>
<td>0 doses</td>
</tr>
<tr>
<td>Measles</td>
<td>2 doses</td>
</tr>
<tr>
<td>Mumps</td>
<td>2 doses</td>
</tr>
<tr>
<td>Rubella</td>
<td>1 dose</td>
</tr>
<tr>
<td>Hep B</td>
<td>0 doses</td>
</tr>
</tbody>
</table>

**Students born before 1957**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP or Td</td>
<td>3 doses</td>
</tr>
<tr>
<td>Polio</td>
<td>0 doses</td>
</tr>
<tr>
<td>Measles</td>
<td>0 doses</td>
</tr>
<tr>
<td>Mumps</td>
<td>0 doses</td>
</tr>
<tr>
<td>Rubella</td>
<td>0 doses</td>
</tr>
<tr>
<td>Hep B</td>
<td>0 doses</td>
</tr>
</tbody>
</table>

---

**DTP or Td**

- [ ]

**Td Booster**

- [ ]

**Tdap**

- [ ]

**Polio**

- [ ]

**MMR**

- [ ]

**Measles**

- [ ]

**Mumps**

- [ ]

**Rubella**

- [ ]

**Hep B**

- [ ]

---

DTP (Diphtheria, Tetanus, Pertussis) Td (Tetanus, Diphtheria) Tdap (Tetanus, Diphtheria, Pertussis): One Tdap/Td booster dose within the last 10 years. Those individuals enrolling in college on or after July 1, 2008 MUST show proof of three doses of Tetanus/Diphtheria toxoid, one dose will need to contain the Pertussis booster (Tdap).

- Measles: One dose on or after 12 months of age, second at least 30 days later.
- MUMPS: Two Mumps doses if entering college for the first time after 7/1/1994.
- Rubella: One dose on or after 12 months of age
- Hep B: Not required if you were born before July 1, 1994

Please attach Record of Immunization or provide a physicians signature

__________________________________________________________  
[ ]

[ ]

__________________________________________________________  
[ ]

[ ]

__________________________________________________________  
[ ]

[ ]

__________________________________________________________  
[ ]

[ ]

__________________________________________________________  
[ ]

[ ]

Physicians address & phone number