To attend a North Carolina university, you must be up-to-date on required immunizations to attend classes. Submit documented immunization history to the university at the same time you file the Declaration of Program of Study. Immunization history must be on file in order to register for classes.

North Carolina law requires that students who fail to file a complete immunization history must be withdrawn from classes.

## The Certificate of Immunization shall state:

Name and Address of the student DOB and gender of student

Name of parent/guardian (if under 18)\* Address of parent/guardian (if under 18)\*

Number of doses of vaccine given Date the doses were given

Name and address of physician or health department administering the immunizations

Hepatitis B

Students unable to obtain acceptable documentation or who are not up-to-date (according to the chart below) should have these administered immediately **before arriving on campus for the first day of the semester**. Submit updated certificate of immunization immediately.

3 doses

College/University Vaccine Requirements: (Exceptions: students residing off-campus and registering for any combination of:

a. off-campus courses, b. evening courses, c. weekend courses, d. no more than four day credit hours in on-campus courses.)

DTaP

(diphtheria tetanus and acellular pertussis)

Polio

Measles

2 doses<sup>3</sup>

Mumps

2 doses<sup>4</sup>

Rubella

1 dose<sup>5</sup>

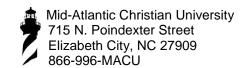
- Footnote <sup>1-</sup>Three doses of tetanus/diphtheria toxoid of which one must have been within the past 10 years.

  One of those doses must have been Tdap unless any of the following occur: Entered college or university prior to July 1, 2008; a booster dose of Td was given within the last 10 years; individual is over the age of 64.
- Footnote<sup>2 -</sup> An individual attending school who has attained his or her 18<sup>th</sup> birthday is not required to receive polio vaccine.
- Footnote<sup>3 -</sup> Measles vaccine is not required if any of the following occur: Diagnosis of disease prior to
  January 1, 1994; Born prior to 1957; Enrolled in college or university for the first time before
  July 1, 1994; You are an individual who has been documented by serological testing to have a
  protective antibody titer against measles.
- Footnote<sup>4 -</sup> Mumps vaccine is not required if any of the following occur: Born prior to 1957; Enrolled in college or university before July 1, 1994; An individual who has been documented by serological testing to have a protective antibody titer against mumps. A second mumps vaccine is not required of an individual enrolled in college or university prior to July 1, 2008.
- Footnote<sup>5 -</sup> Rubella vaccine is not required if any of the following occur: 50 yrs of age or older; Enrolled in college or university before February 1, 1989 and after their 30<sup>th</sup> 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.

Note: Meningococcal, HPV, Hepatitis A, Flu, and a second dose of Varicella vaccine are not required but are recommended for this age group for the Advisory Committee on Immunization Practices.

Contact Registrar Yolanda Teske with any questions. 1-866-996-MACU, ext 2029, 2061, or 2086 or yolanda.teske@macuniversity.edu

<sup>\*</sup> Certificates of Immunization from public health clinics not required to list parent/guardian and address.



## IMMUNIZATION RECORD

Immunization records may be attached to this form OR this form may be completed by physician or clinic and filed with Mid-Atlantic Christian University.

LAST NAME (PRINT)	FIRST NAME	MIC	DDLE/MAIDEN		DATE OF	BIRTH		*SOCIAL SECURITY No.
STREET				CITY & STATE				ZIP
If under 18 years old Name and add	dress of parent or guardia	ın						
Required Immunizations								
	Mo./Day/Year		Mo./Day/Year		Mo./Day/Year		Mo./Day/Year	
DTaP, or TD, Tdap	(#1)	(#	#2)		(#3)		(#4)	
TD booster								
Polio								
MMR (after first birthday)								
Measles (after first birthday)					**Disea	se Date	****	Titer Date and Result
Mumps					***(Disease Date NOT Accepted)		****Titer Date and Result	
Rubella					***(Disease Date NOT Accepted)		****Titer Date and Result	
Hepatitis B					710000110			
Recommended Immunizations  Meningococcal Received the Meningococcal vaccine? NO YES  If yes, please indicate date(s) vaccine was received (Mo./Day/Year)								
HPV	vaccine was recei	Ved (IVIO./Day/ I	cai)					
		Mo./Day/Yea	ar	Mo./Day/Yea	r	Mo./Day/Year		Mo./Day/Year
Hepatitis A								****Titer Date and Result
Flu								
Varicella (chicken pox) series immunity by positive blood tite						Disease Date		****Titer Date and Result
Signature or Clinic Stamp REQUIRED:  Signature of Physician/Physician Assistant/Nurse Practitioner  Date  Print Name of Physician/Physician Assistant/Nurse Practitioner  Area Code/Phone Number								
-								
Office Address			Cit	y		State		Zip Code
* Optional  ** Must repeat Rubeo is acceptable, but m				y prior to 12 m	onths of a	ge. History of physi	cian-dia	agnosed measles disease

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.

Attach lab report

Required of all students (exceptions apply)

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