

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North Carolina law requires that students who fail to file a *complete* immunization history must be *withdrawn from classes*.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

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.

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)	3 doses ¹
Polio	3 doses ²
Measles	2 doses ³
Mumps	2 doses ⁴
Rubella	1 dose ⁵
Hepatitis B	3 doses ⁶

Footnote¹ - 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.

Footnote² - An individual attending school who has attained his or her 18th birthday is not required to receive polio vaccine.

Footnote³ - 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.

Footnote⁴ - 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.

Footnote⁵ - 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 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.

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

* 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 MIDDLE/MAIDEN DATE OF BIRTH *SOCIAL SECURITY No.
 STREET CITY & STATE ZIP

If under 18 years old -- Name and address of parent or guardian

Required Immunizations				
	Mo./Day/Year	Mo./Day/Year	Mo./Day/Year	Mo./Day/Year
	(#1)	(#2)	(#3)	(#4)
DTaP, or TD, Tdap				
TD booster				
Polio				
MMR (after first birthday)				
Measles (after first birthday)			**Disease 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				

Recommended Immunizations				
Meningococcal	Received the Meningococcal vaccine? NO <input type="checkbox"/> YES <input type="checkbox"/>			
If yes , please indicate date(s) vaccine was received (Mo./Day/Year)				
HPV				
	Mo./Day/Year	Mo./Day/Year	Mo./Day/Year	Mo./Day/Year
Hepatitis A				****Titer Date and Result
Flu				
Varicella (chicken pox) series of two doses or immunity by positive blood titer			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 City State Zip Code

- * Optional
- ** Must repeat Rubeola (measles) vaccine if received even one day 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.
- **** Attach lab report
- ***** Required of all students (exceptions apply)