GREENSBORO COLLEGE- IMMUNIZATION RECORD

(Please print in black ink) To be completed and signed by PHYSICIAN or CLINIC.
A complete immunization record from a physician or clinic may be attached to this form.

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

All students must submit documentation of 3 DTP, Td or Tdap vaccines regardless of age. One MUST be a Tdap.

SECTION A: REQUIRED IMMUNIZATIONS	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
DTaP/DTP/Td (Diphtheria/Tetanus/Pertussis or Tetanus.Diphtheria Toxoid)	(#1)	(#2)	(#3)	(#4)
Tdap (All students MUST show proof of a Tdap)				
Polio (3 doses, only required if 17 years of 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

The following immunizations are recommended for all students and may be required by certain departments. Please consult your department materials for specific requirements. Tuberculin is required for all international students in addition to the above required immunizations.

Has the student received the Meningococcal vaccine (Menactra, Menveo, Menomune, MPSV4, MCV4)? Yes ☐ No ☐

If **Yes**, date(s) received- **Booster dose recommended at age 16.**				
Meningococcal B vaccine (Bexsero or Trumenba-Please discuss risks and benefits with your medical provider)				
Hepatitis A				
Hepatitis A/B combination series				
Pneumococcal				
Human Papillomavrius (HPV) — Cervarix				
Human Papillomavrius (HPV) — Gardasil				
Human Papillomavrius (HPV) — Gardasil-9				
Varicella (chicken pox) series of 2 doses, documentation of disease date or Immunity by positive blood titer			Disease Date	***Titer Date & Result
Tuberculin Skin Test (TST) Date Read				
Mm induration				
Date of IGRA (QuantiFERON or T-SPOT) test				
Result of IGRA test				

***Must attach a copy of all laboratory and Chest X-ray results

Signature of 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