

WINGATE UNIVERSITY IMMUNIZATION REQUIREMENTS

Last Name **First Name** **Middle Name** **Date of Birth (mo./day/year)**

TO THE EXAMINING PROVIDER: Please review the immunization history and update ALL necessary immunization. All dates MUST include month, day, and year.

The North Carolina Immunization Law requires that students entering college present to the school authorities immunization certification. Please note that if this requirement is not met, dismissal from school 30 days after registration is mandatory under the law. Please do your part to make sure you have the minimum immunization required before sending in your forms.

IMMUNIZATION RECORD	To be completed and signed by the examining medical provider. A complete immunization record from a medical provider or clinic may be attached to this form.
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SECTION A: REQUIRED IMMUNIZATIONS	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
DTap/DTP/Td (3 doses)	#1	#2	#3	#4
Tdap/Td Booster (All students MUST show proof of a Tdap Booster)	#1			
Polio (3 doses) required if <18 yrs old	#1	#2	#3	#4
MMR (after 1st birthday) (2 doses)	#1	#2		

OR

Measles (after 1st birthday) (2 doses)	#1	#2	Disease Date	Titer Date & Results
Mumps (2 doses)	#1	#2	Titer Date & Results	
Rubella (1 dose)	#1	#2	Titer Date & Results	
Hepatitis B (3 doses)	#1	#2	#3	
Meningococcal (Menactra, Menveo, Menomune, MCV4) one dose in last 5yrs	#1	#2		
Tuberculin (PPD/TB) test OR Quantiferon blood test (TB Gold) (one test required within last 12 mos.) Chest x-ray, if positive PPD Treatment, if applicable (***Please attach Chest x-ray results)	Date Given	Date Read	Results	mm Induration
	Date collected		Results	
	Date of Chest X-ray	Results		
Varicella (Chicken Pox) (2 doses)	#1	#2	Titer Date & Results	

SECTION B: RECOMMENED IMMUNIZATIONS	Month/Day/Year	Month/Day/Year	Month/Day/Year
Influenza (annually)	#1	#2	#3
Human Papillomavirus (HPV) (Cervix, Gardasil, Gardasil-9)	#1	#2	#3
Hepatitis A (2 doses)	#1	#2	
Hepatitis A/B combination series	#1	#2	#3
Meningococcal B Vaccine (Bexsero/Trumemba)	#1	#2	
Covid Vaccine (Pfizer/Moderna)	#1	#2	
Covid Vaccine (Johnson & Johnson)	#1		
Covid Vaccine Booster (Pfizer/Moderna/J &J)	#1	#2	

Name of Medical Provider (Print)	Date	Signature of Medical Provider
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Office Address	(Area Code) Office Number
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