

REGISTRARS OFFICE  
MOUNT OLIVE COLLEGE  
634 HENDERSON STREET  
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(919) 658-7835

### **Immunization Records for College Entrance**

**TO THE PHYSICIAN:** North Carolina law now requires that all students enrolling in day classes with 5 or more semester hours have an immunization record on file at the college. This form must be filed with the college *before* moving into residence halls or attending class.

Under the new law, the following immunizations must be verified:

**1. Students 17 years old or younger:**

- 3...DTP's and Td's (*one Td dose must have been within the last 10 years*)
- 3...oral polios
- 2...measles (rubella) on or after the first birthday \*
- 1...rubella on or after the first birthday \*\*
- 2...mumps on or after the first birthday
- 3...Hepatitis B (Born after June 30, 1994)

**2. Students born in 1957 or later and 18 years of age or older:**

- 3...DTP's and Td's (*one Td dose must have been within the last 10 years*)
- 2...measles (rubella) on or after the first birthday \*
- 1...rubella on or after the first birthday \*\*
- 2...mumps on or after the first birthday

**3. Students born prior to 1957:**

- 3...DTP's and Td's (*one Td dose must have been within the last 10 years*)
- 1...rubella dose \*\*, \*\*\*

\* History of physician diagnosed measles disease is acceptable.

\*\* Physician diagnosed rubella disease is not acceptable. ONLY laboratory proof of immunity to Rubella is acceptable.

\*\*\*Rubella dose not required for students 50 years of age or older.

The Advisory Committee on Immunization Practices for the U.S. Public Health Service recommends that MMR be used for routine vaccination.

**All medical, including all attachments, must have the physician's signature or health department stamp as applicable.** This is a requirement of the N.C. Department of Human Resources, Division of Health Services. Medical records without proper verifications are not acceptable.

The state of North Carolina does not require meningococcal vaccine for college students, but is strongly urged for first time freshman living on campus. Please obtain the vaccine prior to arrival from your health care provider or health department.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street, RFD, Box City State ZIP

Date of Birth \_\_\_\_\_ Home phone ( ) \_\_\_\_\_ Business phone ( ) \_\_\_\_\_

Male or Female \_\_\_\_\_ Race \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

**Immunizations required: (give month, day and year)**

VACCINE	DATE	DATE	DATE	DATE	DATE
<b>DTP</b>					
Td ( <i>Td booster required within past 10 years</i> ) T-dap ( <i>required if no Tetanus was received within the last 10 years</i> )					
<b>POLIO</b> ( <i>oral</i> )					
<b>RUBEOLA</b> ( <i>measles</i> )					
<b>MUMPS</b>					
<b>RUBELLA</b> ( <i>German measles</i> )					
<b>Hepatitis B</b> ( <i>For students born after June 30, 1994</i> )					
<b>Other</b>					

Signature \_\_\_\_\_, M.D. Date \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_