

# Student **Health** Services

## University of South Carolina

### Required Student Immunization Forms

Dear Student,

Welcome to the University of South Carolina! We are glad you have chosen us to meet your higher education goals. Please go to MyHealthSpace ([www.sc.edu/myhealthspace](http://www.sc.edu/myhealthspace)), click on "Forms," then click on "Immunization Forms" to enter all immunization dates online. The University requires a complete immunization record for all students. Be certain to include your full name, date of birth and USC ID. You must also print, complete and return this immunization form prior to your assigned orientation date. Students not in compliance with immunization requirements will not be allowed to complete registration for the next semester. Students can check immunization hold status on Self Service Carolina at [www.my.sc.edu](http://www.my.sc.edu). Please allow time for processing of forms.

#### Guidelines for Completing Immunization Records

According to University policy, the immunization requirements must be met and on file at the Student Health Center. In order to avoid excessive waiting times, please have all of your immunization requirements completed and forms sent prior to your orientation date. If you are unable to obtain your records, all required immunizations are available to you at the Student Health Center.

#### Acceptable Records of Your Immunizations

- Personal shot records that are verified by a doctor's stamp or contain a health provider's signature
- Personal shot records with a clinic or health department stamp
- Military records or World Health Organization (WHO) documents
- Previous college or university records that are verified. (Please note that your immunization records do not transfer automatically, you must request a copy from your school.)
- Positive laboratory test as confirmation of immunity

#### SECTION A: Personal Information

To be completed by the student. Please include all of the demographic information requested, including name, address, date of birth, USC ID, identifying information and your signature. Distance learners should only complete Section A.

#### SECTION B: Required Immunizations

Have your physician or health department clinician fill in your immunization record and update any needed immunizations that are required in Section B. Section E must be signed by an MD, PA, PA-C, FNP, FNP-C or stamped by the health department. Tuberculosis screening is required for any student who has resided outside the U.S. within the past five years in a high-risk country. **A list of high-risk countries is included as an insert with this form.**

**Students arriving from outside the U.S. are required to obtain TB screening upon arrival to the University of South Carolina. TB screenings performed outside of the U.S. will not be accepted.**

**IGRA screening must be performed in the U.S., and is valid for one year.**

**Chest x-ray films made within the last three (3) months.**

#### SECTION C: Recommended Immunizations

Certain academic departments and programs may require immunizations in addition to the minimum requirements for enrollment. Please consult with your individual academic departments for specifics on any additional requirements. Student Health Center, based on recommendations from the Centers for Disease Control and Prevention (CDC) and American College Health Association (ACHA) recommends receiving the immunizations listed in Section C. You may elect to receive these immunizations from your private physician or health department prior to arriving at the University of South Carolina.

#### SECTION D: Immunization Exemptions

Any medical contraindications or religious exemption should be documented in Section D by your healthcare provider. Please attach additional documentation of the medical need for an exemption to any immunization requirement.

#### SECTION E: Healthcare Provider Signature

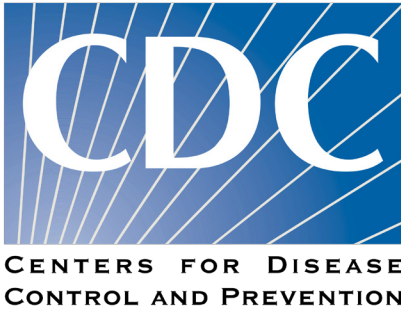
Completion of this section by your healthcare provider is required, including a signature or stamp.

Be certain that your name, date of birth, and USC ID appears on each sheet and that all forms are mailed together. Complete these forms in black ink. The dates of vaccine administration must include the month, day and year. All records must be in English. Please keep a copy for your own personal records.

**Mail or fax to:**

**Student Health Services Allergy, Immunization & Travel Clinic**  
**1409 Devine St., Columbia, SC 29208**

**Fax: 803-777-3955; 803-777-3960**



## **CDC Recommendations for Meningococcal Disease and Hepatitis B Vaccinations**

*These vaccinations are available for a fee at the Student Health Services Immunization Clinic.*

The Centers for Disease Control & Prevention recommends college students be educated about the benefits of vaccination against meningitis (a potentially fatal bacterial infection) and hepatitis B.

The recommendation is based on studies showing that college students, particularly freshmen in residence halls, have a six-fold increased risk for meningitis and an increased risk of hepatitis B. In addition, the State of South Carolina requires higher education institutions to inform students and parents about the risk of contracting these diseases and the availability of preventive vaccines. The University of South Carolina encourages all student, parents and guardians to learn more about these serious communicable diseases and to make informed decisions regarding protection.

The University requires all incoming students under 21 years of age to be immunized against **meningococcal disease**. A signed declination is required from students who choose not to be immunized. Meningococcal disease is a rare but potentially fatal bacterial infection. Adolescents, as well as young adults, have an increased incidence of meningococcal disease, accounting for nearly 30 percent of all US cases. One in four cases among adolescents results in death.

The majority of meningococcal disease cases among adolescents and young adults are potentially vaccine-preventable. Lifestyle factors common among adolescents and young adults seem to be linked to the disease. These include crowded living situations such as dormitories, going to bars, smoking, sharing personal items, and irregular sleep habits. When meningitis strikes, its flu-like symptoms make it difficult to diagnose. Transmission of the disease occurs from person to person through respiratory and oral secretions.

**Hepatitis B virus (HBV)** exposure can result in a serious disease that attacks the liver. There is no cure for this disease. The CDC estimates that approximately 80,000 new cases occur and some 5,000 persons die from chronic liver problems related to hepatitis disease every year in the US. HBV is a blood-borne disease commonly spread by contact with infected blood, needles or by having sex with an infected person. An infected woman can transmit the virus to her baby during birth. While all students should practice personal behaviors that reduce exposure, the best protection against HBV is immunization. Most infants and school-age children are now immunized. Most people in the US acquire HBV disease as adolescents and adults. College students should seriously consider immunization.

Visit [www.cdc.gov](http://www.cdc.gov), [www.acha.org](http://www.acha.org), or consult your family physician or local health department for more information.

**Students attending the University of South Carolina - Columbia who are required or wish to obtain these vaccinations can make an appointment with the Allergy, Immunization & Travel Clinic online at [www.sc.edu/myhealthspace](http://www.sc.edu/myhealthspace) or by calling 803-777-9511.**

# Student **Health** Services University of South Carolina

FOR OFFICE USE ONLY:	
REC'D _____	RX _____
RC _____	_____ MMR
BAN _____	_____ MENI
PNC _____	_____ IGRA
Notified _____	_____ TBFU
_____	_____
_____	_____

University of South Carolina Immunization Record Form  
Complete the following forms and return prior to your assigned orientation date

**A. TO BE COMPLETED BY THE STUDENT:**

Name \_\_\_\_\_  
Last Name
First Name
Middle Name

USC ID \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age when enrolling \_\_\_\_\_  
Month
Day
Year

Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

First term of enrollment:     Fall     Spring     Summer

Distance Learner:  Yes     No    Term Enrolled \_\_\_\_\_ (Distance Learner Immunization Exemption is for term of enrollment)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
*By signing this document I testify that the content is true and accurate.*

**PARENTAL CONSENT (for students under age 16):**

I hereby authorize the University of South Carolina medical and/or counseling providers to diagnose, treat and/or transfer my son/daughter for treatment, as is appropriate, based on his/her symptoms.

Parent/Guardian Signature (for students under age 16) \_\_\_\_\_ Date \_\_\_\_\_

**B. REQUIRED IMMUNIZATIONS: SECTIONS B, C, D must be completed and signed by your healthcare provider**

**1. MMR (Measles, Mumps, Rubella) Two doses required for all students born after 1956**

Dose 1 given age 12 months or later ..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Dose 2 given at least one month after first dose ..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month
Day
Year
Month
Day
Year

**EXEMPTION, BORN BEFORE 1957**

A positive MMR titer result may be submitted in lieu of vaccination history (attach copy of titer result)

**2. MENINGOCOCCAL VACCINE Proof of a conjugate meningococcal vaccine (e.g. Menactra, Menveo) or a signed waiver declining the vaccine is required of all entering students under age 21. If vaccine was received prior to age 16, a booster is required. A parent/legal guardian's signature is required if students under the age of 18 decline this vaccination.**

MENVEO (Date given) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ age \_\_\_\_\_ MENACTRA (Date given) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ age \_\_\_\_\_  
Month
Day
Year
Month
Day
Year

**BOOSTER TYPE** \_\_\_\_\_ (Date given) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month
Day
Year

I have read the CDC recommendations for the Meningococcal vaccine and I am declining to receive it.

**Declined Meningococcal Vaccination** \_\_\_\_\_ *Student Signature Required* \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Required for students under the age of 18*

**3. TUBERCULOSIS SCREENING: Have you traveled outside of the United States and stayed more than one month OR resided outside of the United States within the last five years, in a country where tuberculosis is endemic?**  YES  NO  
 If no, proceed to section C. If yes, you are **REQUIRED** to be screened upon arrival at the University of South Carolina, **OR** provide proof of screening performed in the United States within the past 12 months. **TB Screening performed outside of the United States will not be accepted.**

**TUBERCULOSIS SKIN TEST** (Date given) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date read) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month
Day
Year
Month
Day
Year

\_\_\_\_\_ mm reading  Negative  Positive

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ USC ID: \_\_\_\_\_

T-SPOT (IGRA) (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Result) \_\_\_\_\_ (attach copy of result)  
Month Day Year

\*Chest x-ray (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date read) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Result) \_\_\_\_\_  
Month Day Year Month Day Year

(\*Required for positive TB test. Chest X-ray must have been completed within the last three months.)

**C. RECOMMENDED IMMUNIZATIONS:**

**1. HUMAN PAPILLOMAVIRUS (HPV) Series of three vaccines (either bivalent or quadrivalent) recommended for females age 11-26 years; series of three vaccines (quadrivalent) recommended for males 9-26 years.**

HPV Type GARDASIL (HPV 4 quadrivalent) CERVARIX (HPV2 bivalent)  
(Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year Month Day Year

**2. HEPATITIS B Series of three vaccines, or positive titer (attach copy of titer results) \*\*May be combined with Hepatitis A**

HEP B (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year Month Day Year

HEP A-B (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year Month Day Year

Positive laboratory/serologic evidence of immunity or prior infection may be substituted (attach copy)

**3. HEPATITIS A Series of two vaccines \*\*May be combined with Hepatitis B**

HEP A (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

**4. VARICELLA Series of two doses, given at least one month apart; Documented clinical history of chicken pox; or a positive Varicella titer (attach copy)**

VARICELLA (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Illness \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year Month Day Year

**5. Tdap (tetanus, diphtheria and acellular pertussis) Single dose recommended for all students age 64 years or younger**

TDAP (Date given) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**D. EXEMPTIONS:**

This student is exempt from the following immunizations on grounds of permanent medical contraindication OR religious exemption. (attach official documentation)

This student is exempt from the following immunizations until \_\_\_\_/\_\_\_\_/\_\_\_\_, due to \_\_\_\_\_  
(attach official documentation) Month Day Year

**E. HEALTHCARE PROVIDER SIGNATURE OR STAMP REQUIRED\***

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please Print) Month Day Year

Address: \_\_\_\_\_ (\_\_\_\_)  
Street/PO Box City State Zip Code Phone

\*SIGNATURE \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required of healthcare provider) Month Day Year

**After completion of this form, return to:**

**Student Health Services Allergy/Immunization & Travel Clinic, 1409 Devine St., Columbia, SC 29208  
OR (Fax) 803-777-3955; 803-777-3960**

## Student **Health** Services University of South Carolina

**Tuberculosis screening is required for any student who has resided outside the U.S. within the past five years in one of the following high-risk countries:**

- Afghanistan
- Algeria
- Angola
- Argentina
- Armenia
- Azerbaijan
- Bahrain
- Bangladesh
- Belarus
- Belize
- Benin
- Bhutan
- Bolivia (Plurinational State of)
- Bosnia and Herzegovina
- Botswana
- Brazil
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Cape Verde
- Central African Republic
- Chad
- China
- Colombia
- Comoros
- Congo
- Côte d'Ivoire
- Croatia
- Democratic People's Republic of Korea
- Democratic Republic of the Congo
- Djibouti
- Dominican Republic
- Ecuador
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Fiji
- Gabon
- Gambia
- Georgia
- Ghana
- Guam
- Guatemala
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Honduras
- India
- Indonesia
- Iraq
- Japan
- Kazakhstan
- Kenya
- Kiribati
- Kuwait
- Kyrgyzstan
- Lao People's Democratic Republic
- Latvia
- Lesotho
- Liberia
- Libyan Arab Jamahiriya
- Lithuania
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Marshall Islands
- Mauritania
- Mauritius
- Micronesia (Federated States of)
- Mongolia
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nepal
- Nicaragua
- Niger
- Nigeria
- Pakistan
- Palau
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Poland
- Portugal
- Qatar
- Republic of Korea
- Republic of Moldova
- Romania
- Russian Federation
- Rwanda
- Saint Vincent and the Grenadines
- Sao Tome and Principe
- Senegal
- Seychelles
- Sierra Leone
- Singapore
- Solomon Islands
- Somalia
- South Africa
- Sri Lanka
- Sudan
- Suriname
- Swaziland
- Syrian Arab Republic
- Tajikistan
- Thailand
- The former Yugoslav Republic of Macedonia
- Timor-Leste
- Togo
- Tunisia
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- Ukraine
- United Republic of Tanzania
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela (Bolivarian Republic of)
- Viet Nam
- Yemen
- Zambia
- Zimbabwe

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>. Last updated 11/2013