



## Required Student Immunization Form

Dear Student,

Welcome to the University of South Carolina Lancaster Campus! We are glad you have chosen us to meet your higher education goals. Please complete and return the attached immunization form. USC Lancaster requires a complete immunization record for all students. Complete the following immunization form and return it by mail or fax to the Admissions Office as soon as possible. Be certain to include your full name, date of birth and ID number (last four digits of your Social Security number).

USC Lancaster  
Admissions Office  
P O Box 889  
Lancaster SC 29721

Fax: (803) 313-7116

### Guidelines for Completing Immunization Records

According to University policy, the immunization requirements must be met and on file at USC Lancaster before you register for classes. In order to avoid excessive waiting times, please have all of your immunization requirements completed and the form sent to USC Lancaster prior to your orientation date.

### Acceptable Records of Immunizations

Be certain that your name, date of birth and ID number (last four digits of your Social Security number) appears on each sheet and that all forms are mailed together. The records must be in black ink and 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.

- High school records. These may contain some, but not all of your immunization information. Contact USC Lancaster for help if needed. Your immunization records do not transfer automatically. You must request a copy from your high school.
- Personal shot records. These records must be verified by a doctor's stamp or signature or by a clinic/health department stamp.
- Local health department
- Military Records or World Health Organization (WHO) documents.
- Previous college or university. Your immunization records do not transfer automatically. You must request a copy from your school.

### **SECTION A – Required Immunizations**

Have your physician or health department clinician fill in your immunization records and update any needed immunizations that are required in Section A. This form must be signed by an MD, PA, P-C, FNP, FNP-C or stamped by the health department.

### **SECTION B – Recommended Immunizations** from the Centers of Disease Control and Prevention (CDC)

Certain academic departments and programs may require some of these recommended immunizations so you may want to consult with your academic department for specific immunization requirements. USC Lancaster recommends receiving the Hepatitis B series. You may elect to receive these immunizations from your private physician or health department prior to arriving at the University. Please refer to the note on the next page regarding CDC recommendations for Hepatitis B and Meningitis.

### **SECTION C – Parental Consent**

If you are under the age of 18, you will need a signature from a parent or legal guardian authorizing any medical treatment sought at the University.

### **SECTION D – Immunization Exemptions**

Student Name \_\_\_\_\_  
Student ID Number \_\_\_\_\_



## RECOMMENDED IMMUNIZATIONS FOR THE COLLEGE POPULATION

The Centers for Disease Control and Prevention recommends that college students be educated about the benefits of vaccination against meningitis (a potentially fatal bacterial infection) and hepatitis B. The recommendation is based on recent 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 students, parents and guardians to learn more about these serious communicable diseases and to make an informed decision regarding protection.

The University now requires all incoming students age 24 or less to be immunized against **meningococcal disease**. Meningococcal disease is a rare but a potentially fatal bacterial infection. Less than 3,000 cases annually in the United States are recorded, with approximately 125 cases on college campuses. When meningitis strikes, its flu-like symptoms make it difficult to diagnose. Transmission of the disease occurs from person to person through respiratory or oral secretions. Cases of meningitis among teens and young adults aged 15 to 24 years old have more than doubled since 1991. CDC does not consider that this risk warrants any changes in university living arrangements. The University of South Carolina and the American College Health Association highly recommends that students be educated and consider being vaccinated against the disease.

**Hepatitis B** virus exposure can result in a serious disease that attacks the liver. There is no cure for this disease. 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 United States. Hepatitis B virus (HBV) is a blood-borne disease and is 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 risk exposure, the best protection against HBV is immunization. Most infants and school-age children are now being routinely immunized. Most persons in the United States acquire HBV disease as adolescents and adults. Thus, college students who have not been immunized should strongly consider immunization.

For more detailed information visit the websites for Centers for Disease Control ([www.cdc.gov](http://www.cdc.gov)) or the American College Health Association ([www.acha.org](http://www.acha.org)). You may want to consult with your family physician or contact your local health department to inquire about receiving immunizations. We wish you a healthy and rewarding experience at the University of South Carolina Lancaster.

STUDENT NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_



This form must be returned via mail or fax to:  
 USC Lancaster  
 Admissions Office  
 P O Box 889  
 Lancaster SC 29721  
 Fax: (803) 313-7116

## IMMUNIZATION RECORD

To be completed by the student

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

Address \_\_\_\_\_  
 Street/ P.O. Box

City State ZIP

Phone \_\_\_\_\_ Email \_\_\_\_\_

First term of Enrollment (Circle) Fall Spring Maymester Summer I Summer II Year 20 \_\_\_\_

ID Number (Social Security) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at the time you will enter the University: \_\_\_\_

Student signature \_\_\_\_\_

### SECTION A – Required Immunizations Must be completed and signed by your healthcare provider.

1. **MMR (Measles, Mumps, Rubella)** – Two doses required for students born in 1957 or later.

- Dose 1 given at age 12 – 15 months or later Date of administration: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Dose 2 given at age 4 – 6 years or later, and at least one month after the first dose Date of administration: \_\_\_\_/\_\_\_\_/\_\_\_\_
- OR Laboratory/serologic evidence of immunity (attach copy of titer and date)
- OR Exemption: I was born before 1957, and therefore am exempt from this requirement

2. **Meningococcal vaccine** – Proof of receipt of the meningococcal vaccine or a signed waiver declining the vaccine is required of all first year students (incoming freshman, 24 years of age or younger) at the University of South Carolina. A parent signature is required for students under the age of 18 if declining the vaccine. If it has been between 2 – 5 years since you have been vaccinated with Menomune, you should receive the Menactra vaccine. If it has been more than five years since you have been vaccinated with Menomune, then you are required to receive the Menactra vaccine or sign a waiver declining the vaccine.

- Menactra Date of administration: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Menomune Date of administration: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Declined vaccination (signature required) \_\_\_\_\_ Date \_\_\_\_\_

3. **Tuberculosis screening** (an additional immunization requirement for international students)

Are you a member of a high-risk group\* or are you entering the health profession? If YES, you are required to have a TB screening. A history of BCG vaccination does not preclude testing of a member of a high-risk group. BCG is not acceptable to meet requirement.

- Tuberculin skin test  
 Date given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Result: \_\_\_\_\_ (Actual mm of induration, transverse diameter; if “no”, write “O”)  
 Interpretation (based on mm if induration as well as risk factors): Positive \_\_\_\_ Negative \_\_\_\_
- Chest x-ray (required if tuberculin skin test is positive) result: Normal \_\_\_\_ Abnormal \_\_\_\_  
 Date of chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Categories of high-risk students include those students who have arrived within the past five years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand.

**SECTION B – Recommended Immunizations** from the Centers for Disease Control and Prevention

- 1. **Gardasil** – Highly recommended for all females between the ages of 11 and 26 to prevent cervical cancer.  
Date of first dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of second dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of third dose: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 2. **Hepatitis B** – Highly recommended for all students. Three doses of vaccine or positive Hepatitis B surface antibody.
  - Three dose Hepatitis B series  
Date of first dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ Second dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ Third dose: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - OR** Three dose combined Hepatitis A and Hepatitis B series  
Date of first dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ Second dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ Third dose: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - OR** Laboratory/serologic evidence of immunity or prior infection (attach copy of titer and date).
- 3. **Varicella** – Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized after 13 years of age.
  - History of disease verified by undersigned clinician Date of disease: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - OR** Laboratory/serologic evidence of immunity (attach copy of titer and date)
  - OR** One dose given at 12 months of age or later but before the student's 13<sup>th</sup> birthday Date of dose: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - OR** Two doses. Dose 1 given after the student's 13<sup>th</sup> birthday and Dose 2 give at least one month after first dose.  
Date of first dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of second dose: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4. **Tetanus – Diphtheria – Pertussis** – Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years.
  - 1. Primary series of four doses with DTaP, DTP, DT, or Td:  
Date of first dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ Second: \_\_\_\_/\_\_\_\_/\_\_\_\_ Third: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fourth: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - 2. Booster: Tdap to replace a single dose of Td for booster with at least five years since last dose of Td. \_\_\_\_/\_\_\_\_/\_\_\_\_
  - 3. Booster: Td within the last ten years \_\_\_\_/\_\_\_\_/\_\_\_\_

Healthcare Provider (signature or stamp required)  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Please Print  
Address: \_\_\_\_\_  
Street / P.O. Box City State ZIP  
Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION C – Parental Consent** (if student is under the age of 18)

I hereby authorize any medical treatment and/or counseling services for my son/daughter that may be advised or recommended by the healthcare providers and/or counselors at the University of South Carolina.

Parent signature (if student is under the age of 18): \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION D – Immunization Exemptions**

- This student is exempt from the above immunization on ground of permanent medical contraindication.
- This student is temporarily exempt form the above immunizations until \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_ affirm by my signature below that immunizations required by the University of South Carolina Lancaster is in conflict with my religious beliefs. I understand that I am subject to exclusion from the University in the event of an outbreak of a disease for which immunization is required.

Signature \_\_\_\_\_

**OR**

I, \_\_\_\_\_ declare by my signature that I will ONLY be enrolling in courses offered by distance learning and therefore will not be attending ANY classes on the University of South Carolina Lancaster campus. I understand that registering for a course offered on-campus or at a University owned or controlled facility voids this exemption and I will be excluded from class until I provide proof of immunizations. This exemption must be requested for each new term of registration for off-campus courses.

Signature \_\_\_\_\_

**Sections A, B and D are to be signed, stamped and submitted to the Admissions Office, University of South Carolina Lancaster, P O Box 889, Lancaster, SC 29721 or faxed to (803)313-7116.**