

Required Forms: Due by Registration

Please keep a copy of these forms for future reference

Immunization Form (page 3):

Updated proof of immunization on attached Student Health form or your provider's own form. Either must be signed or stamped by provider's office and include the office address.

- North Carolina Law GS 130z 152-157 requires all persons attending college to submit proper immunization records. If the immunization requirements are not met, registration for classes will be cancelled.

** If you are in international student, please ensure your immunization forms are translated into English.

TB Risk Assessment Form

Complete enclosed TB risk assessment form, if additional steps are needed the student will be contacted by Student Health Services.

Demographics Information Sheet

Include student's full name, date of birth, student's phone number, address, and student's email address.

Required Forms to Obtain Treatment at Student Health Services

Our goal at High Point University Student Health Services is to provide extraordinary health care services for each student. In order to help us do so, please review the following list and send any or all of the information listed below. The following information will become part of the medical chart and is kept strictly confidential.

Copy of front and back of health insurance and prescription cards

- If student is taking advantage of healthcare coverage through HPU please include this information; you may not have a card.

Medical Records reviewing significant chronic medical conditions or current medications. (Only needed if you feel Student Health needs to be advised of a significant medical history or condition. Examples include: Asthma, Diabetes, ADHD, Heart condition, Anxiety and/or Depression)

If student is under age 18, parent must sign copy of Novant Health consent to treat (copy enclosed)

Options to get your medical forms to Student Health Services:

The expectation is that you bring your completed forms attached with this packet at your registration event. At any other time, you may:

- Email: HPUstudenthealth@novanthealth.org (please do not send photographs)
- Fax: 910-754-2009
- Mail: Student Health Services, Campus Box 50, High Point, NC 27268
- Utilize our portal to upload PDF files: <https://www.novanthealth.org/for-healthcare-providers/partner-with-novant-health/novant-health-medical-group/high-point-university.aspx>



Health Information and Immunization

Guidelines for Completing the Immunization Record

Important: The immunization requirements must be met according to NC law (NC Law G.S. 130a-152-157). Be certain that your name, date of birth, and ID number appear on each sheet and that all forms are mailed together. The records must be in black ink and the dates of the vaccine administration must include the month, day and the year.

Please Keep a Copy for Your Records

Acceptable Records of your Immunizations may be obtained from any of the following:

- Personal Shot Records – Must be verified by a provider’s stamp or signature and include address of clinic or health department.
- High School Records – These may contain some, but not all of your immunization information. Your immunization records do not transfer automatically. You must request a copy.
- Local Health Department
- Military Records or WHO (World Health Organization) Documents – These records may not contain all of the required immunizations.
- Previous College or University Records – Your immunization records do not transfer automatically. You must request a copy.

Section A: College/University Vaccines and Number of Doses Requirements
(for further information: immunize.nc.gov/schools/collegesuniversities)

VACCINE REQUIRED Review all footnotes below	Diphtheria, Tetanus, and/or Pertussis1	Polio2	Measles3	Mumps4	Rubella5 Varicella	Hepatitis B6
Doses Required	3	3	2	2	1	3

Footnote 1 – 3 doses of tetanus, diphtheria toxoid, one of which must have been within the last 10 years. Those individuals enrolling in college or university for the first time on or after July 1, 2008 must have had three doses of tetanus/diphtheria toxoid and a booster dose of tetanus/diphtheria/pertussis vaccine if a tetanus/diphtheria toxoid or tetanus/diphtheria/pertussis vaccine has not been administered within the past 10 years.

Footnote 2 – An individual attending school that has attained his or her 18th birthday is not required to receive polio vaccine.

Footnote 3 – Measles vaccines are not required if any of the following occur: Physician diagnosis of disease prior to January 1, 1994; an individual who has been documented by serological testing to have a protective antibody titer against measles and submits the lab report; or an individual born prior to 1957. An individual who enrolled in college or university for the first time before July 1, 1994 is not required to receive a second dose of measles vaccine.

Footnote 4 – Mumps vaccine is not required if any of the following occur: An individual who was been documented by serological testing to have a protective antibody titer against mumps and submits the lab report; an individual born prior to 1957; or enrolled in college or university for the first time before July 1, 1994. An individual entering college or university prior to July 1, 2008 is not required to receive a second dose of mumps vaccine.

Footnote 5 – Rubella vaccine is not required if any of the following occur: 50 years of age or older; enrolled in college or university before February 1, 1989 and after their 30th birthday; an individual who has been documented by serological testing to have a protective antibody titer against rubella and submits the lab report.

Footnote 6 – Hepatitis B vaccine is not required if any of the following occur: Born before July 1, 1994.

Footnote 7 – Varicella- An individual who has laboratory confirmation of varicella disease immunity or has been documented by serological testing to have protective antibody titer against varicella, or who has documentation from a physician, nurse practitioner, or a physician’s assistant verifying history of varicella disease is not required to receive varicella vaccine. Individuals born before April 1, 2001 are not required to receive varicella vaccine.

International Students and/or non-US Citizens: Vaccines are required as noted above. Additionally, these students are required to have a TB test that has been administered and read within the past 12 months. (Chest x-ray is required if test is positive)

Section B: Recommended Vaccines

These vaccines are RECOMMENDED. Some may be required by certain departments. Consult your college or department for specific requirements.

Section C: Optional Vaccines

These vaccines are optional.



Health Information and Immunization

Immunizations		To be completed and signed by physician or clinic	
Last Name	First Name	Middle Name	Date of Birth (mo/day/year)

Section A: Required Immunizations				
	mo/day/year	mo/day/year	mo/day/year	mo/day/year
DPT OR Td (series of 3)				
Tdap booster				
Td booster				
Polio				
MMR (after first birthday – 2 doses)				
Measles (after first birthday) Attach titer reports			Disease Date:	Titer date & Result:
Mumps (after first birthday) Attach titer reports			Disease date NOT accepted	Titer date & Result:
Rubella (after first birthday) Attach titer reports			Disease date NOT accepted	Titer date & Result:
Hepatitis B (required if born 7/1/94 or after)				
Varicella (required if born 4/1/2001 or after – 1 dose)				

Must be verified by a provider’s stamp or signature and include address of clinic or health department:

Signature of Physician/PA/NP: _____ Date: _____ Time: _____

Print name of Physician/PA/NP: _____ (Area code) Phone Number: _____

Place clinic name and address stamp here:

Meningococcal Disease (Meningitis) and Vaccine Information

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. This bacterium is spread from person to person through respiratory secretions. Some individuals can be infected with the bacteria and yet exhibit no symptoms. They are unaware of the infections, yet can spread it to others. Others who are exposed to these bacteria will get significant infections, sometimes resulting in death. If the bacteria invades the bloodstream or other body tissues it can cause meningitis (inflammation of the membranes surrounding the brain and spinal cord), sepsis (infection of the blood stream), pneumonia (infection of the lungs), or pharyngitis (sore throat).

Studies show that freshmen entering college and residing in residential halls are at an increased risk of meningococcal disease relative to other persons of similar age. Due to this, it is recommended by the Center of Disease Control (CDC) that this vaccine is offered for other college students wanting to reduce their risk of this disease.

The vaccinations available that prevent this infection provide protection against serotypes A, C, Y and W-135. They do not contain live bacteria. They are 85 – 100% effective in preventing disease from serotypes found in the vaccine, but they do not protect against the serotype B. There is a separate vaccine available for serotype B. Meningitis vaccines are available upon request.

More information about the disease and the vaccines can be found at <http://www.immunize.nc.gov/family/vaccines/meningococcal.htm> or at <https://www.cdc.gov/meningococcal/>.

NC Session Law 2003-194, HB 825 requires that any private or public institution with a residential campus offering postsecondary degrees “shall provide vaccination information on meningococcal disease to each student”.

High Point University recommends that students discuss this vaccination with their primary care provider. High Point University Student Health Services has the vaccine available.

Tuberculosis (TB) Screening Questionnaire: All new students are required to complete and submit the following TB screening form.

Please answer the following questions with yes or no:

- Have you ever had close contact with someone known or suspected to have active TB? Yes No
- Have you ever lived/worked/volunteered in a homeless shelter, prison/jail or long-term care facility? Yes No
- Have you ever been a member of any of the following groups that may have an increased incidence of latent M. Tuberculosis infection or active TB disease? Yes No
 - Medically underserved
 - Low-income
 - Abusing alcohol or drugs
- Were you born in, lived, worked, or visited for greater than 1 month in another country listed below:
 Yes No
 - If yes; where _____ For how long? _____
Dates _____

If you answer “yes” to any of the questions above, please contact Student Health Services at 336-841-4683 for further evaluation.

Health Information and Immunization

To be completed by Student:

Last Name (Print)	First Name	Middle Name	DOB
Permanent Address	City	State	Zip Code (Area Code) Phone Number
Email Address		Student Cell Phone Number	
HPU ID #:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> Other	
Class you are entering (circle): FR SO JR SR GRAD	Previously enrolled here: <input type="checkbox"/> Yes <input type="checkbox"/> No	Semester entering (circle): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 <input type="checkbox"/> Other Year 20__	
Health Insurance (Name and address of company)			(Area Code) Phone Number
<p><i>* Please attach copy of insurance card (front and back)</i></p>			
Name of Policy Holder (Subscriber): _____		Date of Birth of Subscriber: _____	
Policy/Certificate #: _____			
Group #: _____			

Authorization and Consent Form

Statement by student or parent/guardian (if student is under age 18):

- A. I have personally provided the above information (see checklist), and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, unless by court order or other legal requirements. However, if I should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission for Student Health Services to release information from my (son/daughter's) medical records to any physician, hospital, or other medical agency involved in providing my (son/daughter's) emergency treatment and/or medical care.
- B. I hereby authorize any medical treatment for myself (son/daughter) that may be advised or recommended by the medical providers of HPU Student Health Services.
- C. I am aware that Student Health Services will file claims to student's health insurance for services received at the student health clinic and I accept personal responsibility for any co-pays, deductibles, or non-covered services billed by Novant Health that may apply. I am also aware that certain testing may be sent to outside facilities, including lab services, diagnostic imaging, or specialty care.

I understand that it is my responsibility to verify benefits coverage with my health insurance company.

I am aware that some charges for Student Health Services, such as medications filled within the clinic, may be billed through HPU Student accounts and I accept my personal responsibility for setting this account with HPU Student Accounts.

Signature of Student: _____ Date: _____ Time: _____

Signature of Parent/Guardian, if student is under age 18: _____ Date: _____ Time: _____

****Signature of student is required regardless of age
Signature of parent/guardian required ONLY if student is under age 18

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted _____ Interpreter Refused
(Name/Number of Person/Services Chosen/Used)



Health Information and Immunization