

Required Forms: Due by Registration

Please keep a copy of these forms for future reference

- Immunization Form (page 3):** (Physical exam not mandatory, but updated proof of immunization on attached Student Health form or your physician’s own form acceptable if it is signed by physician)

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.

- Authorization and Consent Form (page 5):**
Allows treatment and should be signed by student or by parent if student is not 18 years or older.

- Copy of front and back of Health Insurance Card**

- Copy of front and back of Prescription Card if applicable**
* For both health insurance and prescription insurance, provide the name and birthdate of the student as well as the name and birthdate of the insurance policy holder (usually a parent or guardian).

Additional Information

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.

- 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)
- Signed HIPAA form** (If student is 18 or older, student makes decision of who is allowed to have permission to access their medical information and if parents/s are not listed, parent/s do not have permission to access their medical information)

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
- Fax: 910-754-2009
- Mail: Student Health Services, Campus Box 50, High Point, NC 27268

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)				

Section B: Recommended Immunizations – The following immunizations are recommended for all students and may be required by certain colleges or departments (i.e., health sciences). Please consult with your college or department for specific requirements.				
	mo/day/year	mo/day/year	mo/day/year	mo/day/year
Meningococcal (specify type)				
Varicella (chicken pox) (series of two)				
Tuberculin (PPD) Test (within 12 months) Date read ____/____/____ mm induration				
Chest X-ray (if positive PPD)		Date: _____ Result: _____		
Treatment (if abnormal Chest X-ray)		Date: _____ (Attach Physician's Documentation/Note)		

Section C: Optional Immunizations – The following immunizations are recommended for all students and may be required by certain colleges or departments (i.e., health sciences). Please consult with your college or department for specific requirements.				
	mo/day/year	mo/day/year	mo/day/year	mo/day/year
Pneumococcal				
Hepatitis A				
HPV (Gardasil)				
Other				

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:

Office address

(In lieu of this HPU form, your physician's form is also acceptable if signed by physician.)

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.

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
Have you visited or lived out of the US for more than 6 months in the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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
* Please attach copy of insurance card (front and back)			
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 charges for some services and I may be billed through HPU Student Accounts. I accept personal responsibility for settling the account with HPU Student Accounts for incurred charges. I am responsible for filing my personal patient charges, **incurred from onsite services**, with my insurance, and acknowledge that my responsibility to High Point University is unaffected by the existence of insurance coverage. (I am also aware that certain testing may be sent to outside facilities, including Lab, along with proof of medical insurance coverage. I give permission to HPU Student Health Services to coordinate filing any outside medical charges directly to my medical insurance plan. I accept personal responsibility for any co-pays, deductibles, or non-covered services that may apply.)

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