

DEADLINE FOR COMPLETED IMMUNIZATION FORMS

December 15 for Spring Admits / August 15 for Fall Admits



All records must be in English

Please Read Carefully: The North Carolina Immunization Law requires that all new students (Freshmen and Transfers) entering college in North Carolina must provide information about vaccinations received. Please read and complete this form in its entirety. Email this **completed form AND your immunization certificate/record** to immunizations@queens.edu. (Immunization records do not have to be certified.) If this requirement is not met, **dismissal** from school 30 days after registration is mandatory under the law.

- Students who plan to play intercollegiate sports **MUST** submit this form and their immunization record, in addition to any Athletic requirements. Immunization Compliance requirements are different, and **BOTH** are necessary.
- Students enrolled in a nursing program **MUST** submit this form and their immunization record, in addition to any required by the Nursing School.

Student Name: _____ Queens ID#: _____

Personal Email Address: _____ Date of Birth: _____

Students must **EITHER** have a tuberculin skin test (PPD) within the last year** **OR** be able to answer the questionnaire below exclusively with "No" responses. If you have one or more "Yes" answers, a PPD skin test is required.

Tuberculosis Screening Questionnaire (complete the next 4 questions by circling the correct response)

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|---|-----|----|
| 1. Were you born in, or have you lived or traveled for more than 1 month within the last 5 years to, Asia, Africa, Caribbean Islands, Eastern Europe, Latin America, Pacific Islands or Russia? (See Attachment A for list of Countries.) | Yes | No |
| 2. Have you ever had a positive TB skin test, TB QuantiFeron, Tspot blood test, or been diagnosed with tuberculosis? | Yes | No |
| 3. Have you ever had close contact with persons known or suspected to have active tuberculosis? | Yes | No |
| 4. Have you ever lived, worked, or volunteered in any homeless shelter, jail/prison, or long-term care facility or been a member of the medically underserved or an abuser of alcohol or drugs? | Yes | No |

Tuberculin (PPD) Skin Test		
Date Given:		
Date Read:		
Results:		Mm induration:
Treatment if applicable:		

** Must enter date given, date read, and result.

Provider Name (Print) _____ Provider Signature _____

Address/Clinic Stamp _____ Date _____

Religious Exemption. If you are seeking a **religious exemption**, please email immunizations@queens.edu to request a form.

Immunizations required pursuant to North Carolina State Law: DTP 3-dose Series, Tdap booster within the last 10 years, Hepatitis B 3-dose Series, Meningococcal 2-dose Series, MMR 2-dose Series (or titer if you had the disease), and Varicella (or titer if you had the disease).

Student Signature _____ Date _____

Parent Signature (if student under age 18) _____ Date _____

Parent email _____