



Dear Student:

Welcome to University of South Carolina! We are glad you have chosen us to meet your higher education goals. Please complete and return the attached immunization form. USC requires a complete immunization record for all students.

GUIDELINES FOR COMPLETING IMMUNIZATION RECORD

IMPORTANT – According to USC policy, the immunization requirements in Section A must be met on or before the day of registration:

Acceptable Records of Your Immunizations May be Obtained from Any of the Following: **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 vaccine administration must include the month, day, and year. All records must be in English. Please keep a copy for your records.

- High School Records – These may contain some, but not all of your immunization information. Contact Thomson Health Center for help if needed. **Your immunization records do not transfer automatically. You must request a copy.**
- Personal Shot Records – Must be verified by a doctor’s stamp or signature or by a clinic or health department stamp.
- Local Health Department
- Military Records or WHO (World Health Organization Documents)
- Previous College or University – **Your immunization records do not transfer automatically. You must request a copy.**

IMMUNIZATION REQUIREMENTS STATED ON THIS FORM MUST BE COMPLETED AND ON FILE AT THOMSON HEALTH CENTER OFFICE BEFORE YOU MAY REGISTER FOR CLASSES.

- Complete the immunization form and return it by mail or fax to Thomson Health Center as soon as possible.
- Be certain to include your full name and Social Security number.
- **Section A** is a list of mandatory immunizations. Have your physician or Health Department clinician fill in your immunization record and update any needed immunizations that are required in Section A. This form must be signed by a MD, PA, PA-C, FNP, FNP-C or stamped by the health department.
- In order to avoid excessive waiting times please have all of your immunization requirements completed and the form sent to the USC Immunization office prior to your orientation date.
- **Section B** is a list of recommended immunizations from the Center for Disease Control (CDC). Some of these immunizations may be required by certain academic departments/programs so you may want to consult with your college or department for specific immunization requirements. Thomson Student Health Center recommends receiving the Hepatitis B series. You may elect to receive these immunizations prior to arriving at USC from your private physician or health department. Please refer to the letter regarding Hepatitis B and Meningitis on the inside cover of this form.
- **Section C** is for exemptions to immunizations.
- **If you have any questions, please call Thomson Health Center at (803) 777-9511 or visit our website at <http://www.sa.sc.edu/shs/immunization.htm>**

We look forward to keeping you a “Healthy Gamecock” during your stay at USC.



Making Healthy Choices Simple



Student Name _____

Student ID# _____



Dear USC Student:

As the Student Health Services director at the University of South Carolina, I am informing you about meningococcal and hepatitis B and recommendations from the Centers for Disease Control (CDC). The CDC recommends that college students, particularly freshman living in residence halls be educated about meningitis (a potentially fatal bacterial infection), hepatitis B and the benefits of vaccination. The recommendation is based on recent studies showing that college students, particularly freshman 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 that higher educational institutions inform students, or their parents (guardians), about the risk of contracting meningococcal disease and hepatitis B, and the availability of preventive vaccines. USC encourages all students, parents, and guardians to learn more about these serious communicable diseases and to make an informed decision regarding protection.

Meningococcal disease is rare but a potentially fatal bacterial infection (less than 3,000 cases annually in the United States with approximately 125 cases on college campuses and as many as 15 will die from the disease). 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 15 to 24 years of age have more than doubled since 1991. The CDC does not consider that this risk warrants any changes in university living arrangements. USC and The American College Health Association (www.acha.org) highly recommend that students be educated and consider being vaccinated against this disease. Therefore effective Fall 2007, USC will require all students age 24 or less to be immunized against meningococcal disease. Meningococcal vaccination is available at the USC Student Health Center.

Hepatitis B virus (HBV) exposure can result in a serious disease that attacks the liver. There is no cure for this disease. CDC estimates that annually, in the United States, some 80,000 new cases occur, and some 5000 persons die from chronic liver problems related to hepatitis disease. HBV is a blood-borne disease and is commonly spread by contact with infected blood, needles or other sharps, 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. Immunization is available at the USC Student Health Center.

For more detailed information, visit the USC Student Health Services website at www.sa.sc.edu/shs, CDC web site at www.cdc.gov or the American College Health Association web site at www.acha.org. You may also consult with your family physician, or contact your local health department. Columbia campus students who are required or wish to obtain these vaccinations should contact the USC Student Health Center Immunization Office. If we can be of assistance to you, please do not hesitate to contact us. We wish you a healthy and rewarding experience at University of South Carolina.

Sincerely,

Dr. Deborah Beck

Deborah Beck, Ed.D.
Director, Student Health Services





UNIVERSITY OF SOUTH CAROLINA

This Form MUST be returned to: IMMUNIZATIONS OFFICE, University of South Carolina
By U.S. Mail: Thomson Student Health Center
1409 Devine Street
Columbia, SC 29208

In Person: Thomson Student Health Center or FAX to: (803) 777-3955

TO BE COMPLETED BY THE STUDENT

Name Last Name First Name Middle

Address Street /P.O. Box

City State Zip Code

Phone Email @

First Term of Enrollment (circle term and insert year): Fall / Spring / Summer

Student ID# grid

Date of Birth

Date of Birth grid

Month Day Year

Age at the time you will enter the University grid

Student Signature:

Section A - REQUIRED IMMUNIZATIONS Must Be Completed And Signed By Your Health Care Provider.

1. M.M.R. (Measles, Mumps, Rubella) (two doses required for students born in 1957 or later)

a. Dose 1 given at age 12-15 months or later..... #1 M / D / Y

Dose 2 given at age 4-6 years or later, and at least one month after the first dose..... #2 M / D / Y

OR

b. Laboratory/serologic evidence of immunity (attach copy of titer and date)

OR

c. Exemption : I was born before 1957, and therefore am exempt from this requirement

2. Meningitis Vaccine - Proof of receipt of the Meningococcal Vaccine or a signed waiver declining the vaccine is required of all first year students (incoming freshman, under the age of 25) at the University of South Carolina beginning fall semester 2007.

OR

Menactra Date of administration M / D / Y

Menomune Date of administration M / D / Y

Declined (signature required) Date

<<<ADDITIONAL IMMUNIZATION REQUIREMENT FOR INTERNATIONAL STUDENTS>>>

TUBERCULOSIS SCREENING

Are you a member of a high-risk group1 or are you entering the health professions? YES NO
If NO, You are not required to have a TB screening. If YES, you are required to have a TB screening. A history of BCG vaccination should not preclude testing of a member of a high-risk group. BCG is not acceptable to meet requirement.

1. Tuberculin Skin Test:

Date Given: M / D / Y Date Read: M / D / Y

Result: (Record actual mm of induration, transverse diameter; if no induration, write "0")

Interpretation (based on mm if induration as well as risk factors): positive negative

2. Chest x-ray (required if tuberculin skin test is positive) result: normal abnormal

Date of chest x-ray: M / D / Y

1Categories of high risk students include those students who have arrived within the past 5 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 (USA), 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.

See Reverse For Recommended Immunizations

IMMUNIZATION RECORDS - continued

Section B - RECOMMENDED IMMUNIZATIONS

Gardasil – Highly recommended for all females between the ages 11 and 26. (Three doses of the cervical cancer vaccine)

3 dose Gardasil series
DATE: #1 M / D / Y #2 M / D / Y #3 M / D / Y

Hepatitis B – Highly recommended for all students. (Three doses of vaccine or a positive Hepatitis B surface antibody)

3 dose hepatitis B series, DATE: #1 M / D / Y #2 M / D / Y #3 M / D / Y, OR
3 dose combined hepatitis A and hepatitis B series DATE: #1 M / D / Y #2 M / D / Y #3 M / D / Y, OR
Laboratory/serologic evidence of immunity or prior infection (attach copy of titer & date).

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 age 13 years.)

History of Disease verified by undersigned clinician.....Disease Date: M / D / Y, OR
Laboratory/serologic evidence of immunity (attach copy with titer & date) OR
1 dose given at 12 months of age or later but before the student's 13th birthday.....Date of shot: M / D / Y, OR
2 doses. Dose 1 given after the student's 13th birthday. 2nd dose at least one month after first dose, Date #1: M / D / Y #2 M / D / Y

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: #1 M / D / Y #2 M / D / Y #3 M / D / Y #4 M / D / Y
2. Booster: Tdap (preferred) to replace a single dose of Td for booster immunization with at least five years since last dose of Td. M / D / Y
3. Booster: Td within the last ten years M / D / Y

Health Care Provider (Signature or stamp required)

Name: (Please Print) Signature:
Address: Street/P.O. Box
City State Zip Code
Phone: () Date:

Section C – EXEMPTIONS

Exemption

This student is exempt from the above immunization on grounds of permanent medical contraindication.
This student is temporarily exempt from the above immunizations until M / D / Y

I, affirm by my signature below that immunization as required by the University of South Carolina 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 below that I will ONLY be enrolling in courses offered by distance learning, and therefore I will not be attending ANY classes on the USC campuses. I understand that registering for a course offered on-campus or at a University owned or controlled facility void 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 C are to be signed, stamped and submitted to the Immunization Office.