Dear Student,

Welcome to the University of South Carolina! We are glad you have chosen us to meet your higher education goals. Please go to MyHealthSpace (www.sc.edu/myhealthspace), click on "Forms," then click on "Immunization Forms" to enter all immunization dates online. The University requires a complete immunization record for all students. Be certain to include your full name, date of birth and USC ID. You must also print, complete and return this immunization form prior to your assigned orientation date. Students not in compliance with immunization requirements will not be allowed to complete registration for the next semester. Students can check immunization hold status on Self Service Carolina at www.my.sc.edu. Please allow time for processing of forms.

Guidelines for Completing Immunization Records

According to University policy, the immunization requirements must be met and on file at the Student Health Center. In order to avoid excessive waiting times, please have all of your immunization requirements completed and forms sent prior to your orientation date. If you are unable to obtain your records, all required immunizations are available to you at the Student Health Center.

Acceptable Records of Your Immunizations

- Personal shot records that are verified by a doctor’s stamp or contain a health provider’s signature
- Personal shot records with a clinic or health department stamp
- Military records or World Health Organization (WHO) documents
- Previous college or university records that are verified. (Please note that your immunization records do not transfer automatically, you must request a copy from your school.)
- Positive laboratory test as confirmation of immunity

SECTION A: Personal Information

To be completed by the student. Please include all of the demographic information requested, including name, address, date of birth, USC ID, identifying information and your signature. Distance learners should only complete Section A.

SECTION B: Required Immunizations

Have your physician or health department clinician fill in your immunization record and update any needed immunizations that are required in Section B. Section E must be signed by an MD, PA, PA-C, FNP, FNP-C or stamped by the health department. Tuberculosis screening is required for any student who has resided outside the U.S. within the past five years in a high-risk country.

Students arriving from outside the U.S. are required to obtain TB screening upon arrival to the University of South Carolina. TB screenings performed outside of the U.S. will not be accepted.

IGRA screening must be performed in the U.S. and is valid for one year.

Chest x-ray films made within the last three (3) months within the U.S. are valid.

SECTION C: Recommended Immunizations

Certain academic departments and programs may require immunizations in addition to the minimum requirements for enrollment. Please consult with your individual academic departments for specifics on any additional requirements. Student Health Center, based on recommendations from the Centers for Disease Control and Prevention (CDC) and American College Health Association (ACHA) recommends receiving the immunizations listed in Section C. You may elect to receive these immunizations from your private physician or health department prior to arriving at the University of South Carolina.

SECTION D: Immunization Exemptions

Any medical contraindications or religious exemption should be documented in Section D by your healthcare provider. Please attach additional documentation of the medical need for an exemption to any immunization requirement.

SECTION E: Healthcare Provider Signature

Completion of this section by your healthcare provider is required, including a signature or stamp.

Be certain that your name, date of birth, and USC ID appears on each sheet and that all forms are mailed together. Complete these forms in black ink. 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.

Mail or fax to:
Student Health Services Allergy, Immunization & Travel Clinic
1409 Devine St., Columbia, SC 29208
Phone - 803-777-9511
Fax: 803-777-3955; 803-777-3960
CDC Recommendations and Information for Meningococcal Disease and Hepatitis B Vaccinations

These vaccinations are available for a fee at the Student Health Services immunization clinic. Appointments: sc.edu/myhealthspace or call 803-777-9511

The CDC recommends college students be educated about the benefits of vaccination against meningitis (a potentially fatal bacterial infection) and hepatitis B.

The recommendation is based on studies showing that college students, particularly freshmen in residence halls, are at a modestly increased risk for meningococcal disease compared with other persons of the same age and also have an increased risk of hepatitis B.

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 informed decisions regarding protection. Vaccines are an important step forward for controlling preventable diseases, especially in outbreak settings on university campuses.

Meningococcal disease is a serious illness caused by a type of bacteria called Neisseria meningitidis. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning – even among people who are otherwise healthy. When meningitis strikes, its flu-like symptoms make it difficult to diagnose.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in highly populated conditions (residence hall). According to the CDC, even when it is treated, meningitis kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities to include hearing loss, brain damage, kidney damage, amputations and nervous system problems.

Bacterial Meningitis Vaccine (serogroups ACWY)
The University of South Carolina requires all incoming students under 21 years of age to be immunized (quadrivalent meningococcal conjugate vaccine) against meningococcal disease (serogroups ACWY). A signed declination is required from students (or parents whose student is under the age of 16) who choose not to be immunized.

Bacterial Meningitis Vaccine (serogroup B)
Outbreaks of serogroup B meningococcal disease have been reported from college campuses during the last several years and resulted in deaths and severe disabilities. [http://www.nmaus.org/disease-prevention-information/serogroup-b-meningococcal-disease/outbreaks](http://www.nmaus.org/disease-prevention-information/serogroup-b-meningococcal-disease/outbreaks). The quadrivalent meningococcal conjugate vaccine that is required for all students under the age of 21 does not include protection against serogroup B meningococcal disease. The CDC recommends the use of serogroup B meningococcal vaccines for people identified to be at increased risk.

Hepatitis B virus (HBV) is a viral infection that attacks the liver and can cause both acute and chronic disease. HBV is a blood-borne disease 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 exposure, the best protection against HBV is immunization. Most infants and school-age children are now immunized. Most people in the US acquire HBV disease as adolescents and adults. College students should seriously consider immunization.

Hepatitis B Vaccine
The vaccination schedule most often used for adults is three intramuscular injections, the second and third doses administered one and six months, respectively, after the first dose.

Visit: [http://www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) or [http://www.acha.org/documents/resources/guidelines/ACHA_RIPI.pdf](http://www.acha.org/documents/resources/guidelines/ACHA_RIPI.pdf) or consult your family physician or local health department for more information.
Complete the following forms and return prior to your assigned orientation date. Please log on to www.sc.edu/myhealthspace to check the status of this form.

A. TO BE COMPLETED BY THE STUDENT:

Name ______________________________________________________________________________________________________
Last Name     First Name     Middle Name
VIP/USC ID ______________________________      Date of Birth _________/________/_______      Age when enrolling ________
Month          Day        Year
Address ____________________________________________________________    Orientation Date   _______________________
Street
City  State  Zip Code   Country
Home Phone (___)__________________  Cell Phone (___)__________________  Email ___________________________________

Term of enrollment:  ☐ Fall  ☐ Spring  ☐ Summer  20_______
Distance learner/online students:       ☐Yes          ☐No
(Distance learners submit immunization form each semester)

Student Signature _________________________________________________________________   Date ______________________
By signing this document I testify that the content is true and accurate.

PARENTAL CONSENT (for students under age 16):

I hereby authorize the University of South Carolina medical and/or counseling providers to diagnose, treat and/or transfer my son/daughter for treatment, as is appropriate, based on his/her/their symptoms.

Parent/Guardian Signature___________________________________________________________  Date ______________________

B. IMMUNIZATIONS: SECTIONS B, C, D must be completed and signed/stamped by your healthcare provider on this form or attached documents

B1. TB Risk Screening Question: Have you traveled outside of the United States and stayed more than one month OR were you born in a country where tuberculosis is high risk*?  ☐ YES  ☐ NO
If no, TB testing is not required. If yes, you are REQUIRED to be screened upon arrival at the University of South Carolina, OR provide proof of screening performed in the United States within the past 12 months. TB Screening performed outside of the United States will not be accepted. *SEE LIST OF HIGH RISK COUNTRIES

Students from a high risk country: https://www.sa.sc.edu/shs/forms/immunization

B2. MMR (Measles, Mumps, Rubella) Two doses required for all students born after 1956

Dose 1 given age 12 months or later _______/_____/_______      Dose 2 given at least one month after first dose _______/_____/_______
Month     Day       Year                                             Month     Day       Year
A positive MMR titer result may be submitted in lieu of vaccination history (attach copy of titer result)

B3. MENINGOCOCCAL VACCINE (Students under 21 only) Proof of a conjugate meningococcal vaccine (e.g. Menactra, Menveo) or a signed waiver declining the vaccine is required of all entering students under age 21. If vaccine was received prior to age 16, a booster is required. A parent/legal guardian’s signature is required if students under the age of 18 decline this vaccination.

MENVEO (Date given) _______/_______/_______ age______ MENACTRA (Date given) _______/_______/_______ age_____
Month     Day      Year                                                   Month     Day      Year

☐ Meningococcal Vaccine Waiver: I have read the CDC recommendations for the Meningococcal vaccine and I am declining to receive it.

Declined Meningococcal Vaccination ________________________________________________  Date ______________________

Parent/Legal Guardian Signature __________________________________________________   Date ______________________

Printed Name___________________________________________________________________    Date ______________________

Student Signature Required

FOR OFFICE USE ONLY:
REC/D _____   RX_____
RC _____  MMR
PNC _____  MENI
Notified  IGRA
__________  TB?
C. RECOMMENDED IMMUNIZATIONS:

1. HUMAN PAPILLOMA VIRUS (HPV) Series of three vaccines recommended for females age 11-26 years; series of three vaccines recommended for males 9-26 years.

HPV Vaccine Type List Here:

(Date given) _______/_______/_______  (Date given) _______/_______/_______  (Date given) _______/_______/_______
Month      Day          Year        Month      Day          Year                   Month      Day          Year

2. HEPATITIS B  Series of three vaccines, or positive titer (attach copy of titer results) **May be combined with Hepatitis A

HEP B (Date given) _______/_______/_______  (Date given) _______/_______/_______  (Date given) _______/_______/_______
Month      Day          Year      Month      Day          Year                 Month      Day          Year

HEP A-B (Date given) _______/_______/_______ (Date given) _______/_______/_______ (Date given) _______/_______/_______
Month     Day          Year         Month     Day          Year                   Month      Day          Year

Positive laboratory-serologic evidence of immunity or prior infection may be substituted (attach copy)

3. HEPATITIS A  Series of two vaccines **May be combined with Hepatitis B

HEP A (Date given) _______/_______/_______  (Date given) _______/_______/_______
Month      Day          Year      Month      Day          Year

4. VARICELLA  Series of two doses, given at least one month apart; Documented clinical history of chicken pox; or a positive Varicella titer (attach copy)

VARICELLA (Date given) _______/_______/_______  (Date given) _______/_______/_______  OR Illness _______/_______/_______
Month     Day          Year                 Month     Day          Year                   Month      Day          Year

5. TDAP (tetanus, diphtheria and acellular pertussis)  Single dose recommended for all students age 64 years or younger

TDAP (Date given) _______/_______/_______
Month      Day          Year

Td (Date given) _______/_______/_______
Month      Day          Year

6. MENINGOCOCCAL GROUP B VACCINE: sa.sc.edu/shs/meningitis

Optional Vaccines: BEXSERO/TRUMENBA ___________________________ (Date given) _______/_______/_______
Month      Day          Year

D. EXEMPTIONS:

This student is exempt from the following immunizations on grounds of permanent medical contraindication OR religious exemption. (attach official documentation)

This student is exempt from the following immunizations until _______/_______/_______, due to ___________________________. (attach official documentation)

E. HEALTHCARE PROVIDER SIGNATURE OR STAMP REQUIRED*

Name: _________________________________________________________________________  Date: _______/_______/_______
(Please Print)                                     Month      Day          Year

Address: _________________________________________________________________________  (____)_______________________
Street/PO Box   City  State  Zip Code    Phone

*SIGNATURE __________________________________________________________________  Date: _______/_______/_______
(Required of healthcare provider)                                 Month      Day          Year

After completion of this form, return to:
Student Health Services Allergy/Immunization & Travel Clinic, 1409 Devine St., Columbia, SC 29208
OR (Fax) 803-777-3955; 803-777-3960
Phone - 803-777-9511
Tuberculosis screening is required for any student who has resided outside the U.S. within the past five years in one of the following high-risk countries:

- Afghanistan
- Albania
- Algeria
- Angola
- Anguilla
- Armenia
- Azerbaijan
- Bangladesh
- Belarus
- Belize
- Benin
- Bhutan
- Bolivia (Plurinational State of)
- Bosnia and Herzegovina
- Botswana
- Brazil
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Cape Verde
- Central African Republic
- Chad
- China
- Colombia
- Comoros
- Congo
- Côte d’Ivoire
- Democratic People’s Republic of Korea
- Democratic Republic of the Congo
- Djibouti
- Dominican Republic
- Ecuador
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Fiji
- French Polynesia
- Gabon
- Gambia
- Georgia
- Ghana
- Guam
- Guatemala
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Honduras
- India
- Indonesia
- Iraq
- Iran
- Japan
- Kazakhstan
- Kenya
- Kiribati
- Kuwait
- Kyrgyzstan
- Lao People’s Democratic Republic
- Latvia
- Lesotho
- Liberia
- Libyan Arab Jamahiriya
- Lithuania
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Marshall Islands
- Mauritania
- Mauritius
- Mexico
- Micronesia (Federated States of)
- Mongolia
- Morocco
- Mozambique
- Myanmar (Burma)
- Namibia
- Nauru
- Niue
- Nepal
- Netherlands Antilles
- New Caledonia
- Nicaragua
- Niger
- Nigeria
- Northern Mariana Islands
- Pakistan
- Palau
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Poland
- Portugal
- Qatar
- Republic of Korea
- Republic of Moldova
- Romania
- Russian Federation
- Rwanda
- Saint Vincent and the Grenadines
- Samoa
- Sao Tome and Principe
- Senegal
- Seychelles
- Sierra Leone
- Singapore
- Solomon Islands
- Somalia
- South Africa
- South Sudan
- Sri Lanka
- Sudan
- Suriname
- Swaziland
- Syrian Arab Republic
- Tajikistan
- Taiwan
- Thailand
- The former Yugoslav Republic of Macedonia
- Timor-Leste
- Togo
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- Ukraine
- United Republic of Tanzania
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela (Bolivarian Republic of)
- Viet Nam
- Wallis and Futuna Islands
- Yemen
- Zambia
- Zimbabwe