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. [Click here](#) for a list of high-risk countries.

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.

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
Fax: 803-777-3955
**CDC Recommendations for Meningococcal Disease and Hepatitis B Vaccinations**

> These vaccinations are available for a fee at the Student Health Services Immunization Clinic.

The Centers for Disease Control & Prevention 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, have a six-fold increased risk for meningitis and an increased risk of hepatitis B. In addition, 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.

The University requires all incoming students under 21 years of age to be immunized against meningococcal disease. A signed declination is required from students who choose not to be immunized. Meningococcal disease is a rare but potentially fatal bacterial infection. Adolescents, as well as young adults, have an increased incidence of meningococcal disease, accounting for nearly 30 percent of all US cases. One in four cases among adolescents results in death.

The majority of meningococcal disease cases among adolescents and young adults are potentially vaccine-preventable. Lifestyle factors common among adolescents and young adults seem to be linked to the disease. These include crowded living situations such as dormitories, going to bars, smoking, sharing personal items, and irregular sleep habits. When meningitis strikes, its flu-like symptoms make it difficult to diagnose. Transmission of the disease occurs from person to person through respiratory and oral secretions.

**Hepatitis B virus (HBV)** exposure can result in a serious disease that attacks the liver. There is no cure for this disease. The CDC estimates that approximately 80,000 new cases occur and some 5,000 persons die from chronic liver problems related to hepatitis disease every year in the US. 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.

Visit www.cdc.gov, www.acha.org, or consult your family physician or local health department for more information.

**Students attending the University of South Carolina - Columbia who are required or wish to obtain these vaccinations can make an appointment with the Allergy, Immunization & Travel Clinic online at www.sc.edu/myhealthspace or by calling 803-777-9511.**
University of South Carolina Immunization Record Form
Complete the following forms and return prior to your assigned orientation date

A. TO BE COMPLETED BY THE STUDENT:

Name ______________________________________________________________________________________________________
Last Name     First Name     Middle Name
USC ID ______________________________      Date of Birth _________/________/__________       Age when enrolling ________
Month          Day           Year
Address ____________________________________________________________________________________________________
Street ____________________________________________________________________________________________________
City    State    Country    Zip Code
Home Phone (___)__________________  Cell Phone (___)__________________  Email ___________________________________
First term of enrollment:      Fall           Spring          Summer
Distance Learner:         Yes          No   Term Enrolled _____________
(Distance Learner Immunization Exemption is for term of enrollment)
Student Signature _________________________________________________________________   Date ______________________
By signing this document I testify that the content is true and accurate.

B. REQUIRED IMMUNIZATIONS: SECTIONS B, C, D must be completed and signed by your healthcare provider

1. MMR (Measles, Mumps, Rubella) Two doses required for all students born after 1956
Dose 1 given age 12 months or later ........................................... _______/_______/_______
Month      Day       Year
Dose 2 given at least one month after first dose ........................................... _______/_______/_______
Month      Day        Year
EXEMPTION, BORN BEFORE 1957
A positive MMR titer result may be submitted in lieu of vaccination history (attach copy of titer result)

2. MENINGOCOCCAL VACCINE 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______
Month      Day          Year                      MENACTRA (Date given) _______/_______/_______ age______
Month       Day          Year
BOOSTER TYPE ______________________________________ (Date given) _______/_______/_______
Month      Day           Year
I have read the CDC recommendations for the Meningococcal vaccine and I am declining to receive it.
Declined Meningococcal Vaccination ________________________________________________  Date ______________________
Student Signature Required

Printed Name ___________________________________________________________________  Date ______________________
Parent/Legal Guardian Signature __________________________________________________  Date ______________________
Required for students under the age of 18

3. TUBERCULOSIS SCREENING: Have you traveled outside of the United States and stayed more than one month OR resided outside of the United States within the last five years, in a country where tuberculosis is endemic?         YES         NO
If no, proceed to section C. 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.
TUBERCULOSIS SKIN TEST (Date given) _______/_______/_______ (Date read) _______/_______/_______
___________ mm reading  ☐ Negative  ☐ Positive
T-SPOT (IGRA) (Date given) _______/_______/_______  (Result) _____________________________ (attach copy of result)

* Chest x-ray (Date given) / / (Date read) / / / (Result) ________________________

(*Required for positive TB test. Chest X-ray must have been completed within the last three months.)

C. RECOMMENDED IMMUNIZATIONS:

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

   HPV Type GARDASIL (HPV 4 quadrivalent) CERVARIX (HPV2 bivalent)
   (Date given) / /  (Date given) / / /  (Date given) / / / 

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) / / / 

   HEP A-B (Date given) / / /  (Date given) / / /  (Date given) / / / 

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) / / / 

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 / / / 

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

   TDAP (Date given) / / / 

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 of Birth: / /

(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