UNC Chapel Hill Immunization Form

Name: ________________________________ Date of Birth: ______________ UNC PID#: ________________
(Last, First, Middle and/or Birth Name) (mm/dd/yyyy)

Preferred Name: ________________________ Phone: ________________ Email: ________________________

Sex at Birth: ☐ Male ☐ Female ☐ Intersex/Ambiguous Pronouns: ______________________________

Emergency Contact Name: ________________________________ Emergency Contact Phone: ______________

Year & Semester Entering UNC: ________ ☐ Fall ☐ Spring Previously enrolled at UNC? ☐ No ☐ Yes - Year: ________

International Student? ☐ No ☐ Yes – Country of Origin: ______________________________________

Have your medical provider sign and date this form to verify all immunization dates entered **OR** you may attach a verified certificate of immunization with all required immunizations in lieu of a health care provider signature. **All records MUST be in English, or they will not be accepted**. Records must be uploaded through your To Do list item on your Connect Carolina Students Services Page. The general deadline is June 15th for fall admissions and December 15th for spring admissions. **Per North Carolina law, YOU WILL BE WITHDRAWN FROM THE UNIVERSITY 30 days after classes begin if immunization requirements have not been met.**

SECTION A – Required for ALL Incoming Students – provide all dates in MM/DD/YYYY format

MMR (Measles, Mumps, Rubella)

If born after 1956: either two (2) doses administered AFTER 1st birthday or positive serologic test required

(#1) mm/dd/yyyy	(#2) mm/dd/yyyy

OR

Serologic test date: ____________________

Result: ________________________
(Must attach a copy of results)

Polio

If 17 years of age or younger when classes begin: three (3) doses required

(#1) mm/dd/yyyy	(#2) mm/dd/yyyy
(#3) mm/dd/yyyy	

Meningococcal Conjugate Vaccine

If born after 1/1/2003: one (1) dose of Quadrivalent vaccine (ACYW) or Pentavalent (ABCWY) *given on or after age 16 is required. Meningococcal B vaccine does not meet this requirement.*

Vaccine name: ________________________

Date of Vaccine: ________________________
(must have been administered on or after the age of 16)

Diphtheria, Tetanus, and Pertussis

*At least three (3) doses are required - one of which **MUST** be a Tdap booster that was given on or after age 10. Exempt if previously attended college PRIOR to July 1, 2008*

(#1) mm/dd/yyyy	(#2) mm/dd/yyyy
(#3) mm/dd/yyyy	(#4) mm/dd/yyyy

Tdap Booster Date: ____________________

☐ Exempt: Previously attended college prior to July 1, 2008.

Date entered: ____________________

Varicella (Chickenpox)

If born after April 1, 2001: either one (1) dose (2 is preferred), approximate age/date of disease, or positive serologic test is required.

(#1) mm/dd/yyyy	(#2) mm/dd/yyyy

OR

Age/date of disease: ____________________

OR

Serologic test date: ____________________

Result: ________________________
(Must attach a copy of results)

Hepatitis B Vaccine

*If born after July 1, 1994: either the 3 dose series OR 2 dose HEPLISAV-B series accepted. ***Serologic test NOT accepted** – must show proof of vaccine dates.*

Three Dose Series

(#1) mm/dd/yyyy	(#2) mm/dd/yyyy
(#3) mm/dd/yyyy	

OR

Two Dose Series (Heplisav-B)

(Only valid after November 2017)

(#1) mm/dd/yyyy	(#2 mm/dd/yyyy

(Continue on Reverse)

Questions? Email
immunizations@unc.edu

campus HEALTH

UNC Chapel Hill Immunization Form

Student Name: ____ UNC PID#:__________________________

SECTION B – Tuberculosis Screening – provide all dates in MM/DD/YYYY format

Tuberculosis Screening REQUIRED for students from countries with an increased incidence of Tuberculosis (TB)

See https://campushealth.unc.edu/services/immunizations/international-student-tb-information for list of countries and more information.

Required to provide documentation of TB screening which was performed within one year prior to matriculation. Acceptable tests include either an IGRA Blood Test (usually acceptable from home country; report must contain student demographic information and results must be in English) or a TB skin test performed in the United States.

Campus Health may recommend additional TB screening or work up after review of records submitted.

IGRA Blood Test (QuantiFERON or T-SPOT)

Must attach a copy of laboratory results

Date of Test mm/dd/yyyy	Result of Test
	☐ Positive ☐ Negative

Tuberculin Skin Test (TST)

Must have been performed in the United States in the last year

Date Placed mm/dd/yyyy	Date Read mm/dd/yyyy	Result (mm induration)

SECTION C – Recommended Immunizations (NOT REQUIRED) – provide all dates in MM/DD/YYYY format

Human Papillomavirus (HPV)

(#1) mm/dd/yyyy	(#2) mm/dd/yyyy	(#3) mm/dd/yyyy

Vaccine name:_______________________________________

Meningococcal B Vaccine

(#1) mm/dd/yyyy	(#2) mm/dd/yyyy	(#3) mm/dd/yyyy

Vaccine name:_______________________________________

Pneumococcal Vaccine

(e.g., PCV13, PCV15,PCV20, PCV21,PPSV23)

(#1) mm/dd/yyyy	(#2) mm/dd/yyyy

Vaccine name: _______________________________________

Hepatitis A Series

(#1) mm/dd/yyyy	(#2) mm/dd/yyyy

_______________________________________ _______________

Signature and Credentials of Health Care Provider — Date

_______________________________________ _______________

Printed Name and Credentials of Health Care Provider — Office Phone Number

_______________________________________ _______________

Office Address — City — State — Zip Code

UNC CAMPUS HEALTH STUDENT CONSENT FOR MEDICAL TREATMENT

Consent for Medical Treatment: I voluntarily consent to treatment and care by the University of North Carolina at Chapel Hill's Campus Health clinic and its agents, employees, healthcare providers and representatives (collectively "Campus Health") This may include without limitation: (i) an examination; (ii) routine diagnostic, radiology and laboratory procedures; (iii) medication administration; (iv) use of clinical photography; and (v) requesting and accessing information available from third party payors and other health care providers about my prescription medications, including my prescription medication history and medications that are covered by my insurance plan. I also acknowledge and agree that: (a) no guarantees have been made as to the result of treatments or examination; (b) an additional patient consent form is required for mental health treatment; (c) if specialized and/or emergency care is required, I will be referred to appropriate outside medical facilities or professionals; and (d) the person listed as my emergency contact will be notified if considered necessary by Campus Health.

Payment Information: Many services provided to students at Campus Health are pre-paid by the Student Health Fee. I agree, authorize, and understand that: Information regarding what is covered under the Student Health Fee can be found on the Campus Health Website. Unless I state otherwise, any charges not covered by the Student Health Fee will be filed on my behalf with my primary insurance company required to be carried by all UNC Students. The filing of claims does not guarantee either full or partial payment by the insurance company. Payment for services not covered by insurance is my responsibility as the patient. Any unpaid charges will be placed on my student account at the Office of Student Accounts and University Receivables (SAUR) and the Office of SAUR may place a registration hold on my account for any unpaid Campus Health charges. I cannot use Title IV federal financial aid to pay Campus Health charges unless I have signed permission with the Office of Scholarship and Student Aid. For more information about using insurance at Campus Health, please visit: campushealth.unc.edu/charges-insurance.

Patient Rights and Responsibilities: As a patient at Campus Health, I understand that I have certain rights and responsibilities. A copy of the Campus Health Rights and Responsibilities is available at: campushealth.unc.edu/about-us/policies

Confidentiality: Campus Health takes its commitment to the confidentiality of my information very seriously. Confidentiality means that, in general, information contained within my records cannot be disclosed to outside sources without my prior written consent. However, I understand there are certain exceptions when my information may be disclosed without my prior written consent, including but not limited to, pursuant to a court order, public health activities, health oversight activities, serious threat to my health or safety, or when otherwise permitted or required by law. These exceptions are explained in the Campus Health Privacy Information for Students available at: campushealth.unc.edu/about-us/policies. I understand that I have certain rights and responsibilities. A copy of the Campus Health Rights and Responsibilities is available at: campushealth.unc.edu/about-us a copy of which is also available to me at the point of service. In the instance where an outside medical provider orders lab tests or allergy injections for patients at Campus Health, the results or follow-up from those tests or visits will be relayed back to the ordering provider. In addition, if Campus Health refers me to an outside provider or needs to obtain a prior authorization for a medication, treatment, or procedure, I understand my records pertaining to that referral or prior authorization may also be released.

Consent for Use and Release of Information: I understand that as part of my care, Campus Health maintains health records regarding my treatment. As a student, I understand that these records are protected under the Family Educational Rights and Privacy Act (FERPA) and North Carolina State Law. By signing this form, I authorize Campus Health to use and release any information about me, my health, health services provided to me, or payment for my health services, that may be necessary: (1) for my treatment (to health care providers or facilities that need the information for my continued care); (2) for any purposes related to payment by me or a third party for services (to determine eligibility, process insurance claims, for utilization and quality review, for billing or collection purposes, as necessary to obtain payment); or (3) for the health care operations of Campus Health (quality assessment, education, and/or training). I may revoke my consent in writing; however, my revocation does not apply to disclosures already made relying on my prior consent or disclosures permitted or required by law. I have the right to refuse to sign this consent. If I do not sign this consent, Campus Health may decline to provide treatment.

Communications: In consideration for my treatment, evaluation, diagnosis and/or testing ("Services") I expressly agree, consent, understand that: (i) Campus Health may call or contact me for any reasons related to the provision of the above Services using any electronic means, including without limitation through cellular telephone number, land-line telephone number or electronic mail address that I or any person acting on my behalf may provide Campus Health; and (ii) call/email/text contents may include my health information concerning my care including but not limited to appointment reminders or availability, payment, medication reminders or notices, wellness checkups, pre-procedure instructions, post-treatment follow up, healthcare quality assessment surveys, immunizations, or treatment recommendations. Because unencrypted email and text messages are inherently unsecure and the confidentiality of sensitive information cannot be assured, communications from Campus Health about the Services (such as diagnosis and lab results) with its patients is through their Healthy Heels account available at healthyheels.unc.edu. Likewise, your electronic communications related to my treatment and clinical care should also be through your Healthy Heals account. Sometimes Campus Health may leave messages on my voicemail. I have the right to request that Campus Health communicate with me in a different way, and Campus Health will agree to reasonable requests. Campus Health does not generally communicate with patients via e-mail or text message except for appointment reminders, immunization requirements, and billing inquiries. To opt out of e-mail and/or text messages from Campus Health, please call 919-966-2283.

By my signing below, I acknowledge, agree, and consent to the above and any questions have been answered to my satisfaction.

Signature of Student:___________________________________

Date:______________________________

Printed Name of Student:_______________________________

UNC PID#:__________________________

Signature of Parent/Guardian (if student is under 18yrs):

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Date:_____________________________

Updated: 3/2025