CCE- Important Information

Any CCE (adult) student taking 2 or more daytime (before 5:00 pm) classes is **REQUIRED to meet the following NC state law immunization requirements:**

• **At least 3 DTP (Diphtheria, Tetanus, Pertussis) or 3 (Tetanus, Diphtheria) doses. One Tetanus Booster or Tdap must have been within the last 10 years**. NOTE: If it has been more than 10 years since your last Tetanus shot, you must get the Tetanus shot that has Pertussis in it, called a (Tdap).

• **2 MMR (measles, mumps, rubella) shots.**
Blood titer tests are acceptable for Measles (Rubeola), Mumps, Rubella. **Laboratory test results must be attached and show positive immunity to all three diseases.** Keep in mind that most insurances do not pay for the titer.

In addition to the Tetanus and MMR requirements, you must have a **Tuberculin (PPD) skin test** if any of the following apply to you:
- You were born outside of the United States,
- Currently live outside of the US
- Have lived outside of the US for three months or more.

If the TB skin test is positive, you must have proof of a negative chest x-ray, treatment documentation (if required), no active symptoms, and a note from your physician stating that you do not have active TB.

Guidelines for Completing CCE (Adult Student) Immunization Form

IMPORTANT: Please read BEFORE having form completed:

• **Our form must be used to complete the immunization record.**

• Records must be documented in black INK and signed and dated by a physician, nurse practitioner, or physician assistant. The medical provider's address must also be on the form.

• **The record must list student's name, date of birth, sex, and address; all dates must include month, day and year of administration.**

• Your immunization records may be obtained from your physician, health department or previously attended college. The Permanent Health Record, which may be part of your public school record, is usually acceptable; High school transcripts are themselves, not acceptable, but the information on them could be helpful. Keep in mind that these records may not fulfill all requirements, so you must follow up with our office to determine your immunization status.
It is your responsibility to assure compliance with required immunizations.

• If you are from North Carolina, or lived here during your childhood, you may have records that can be accessed through the North Carolina Immunization Registry (NCIR) data base. In addition, if you have received immunizations at a local Health Department, the shots should be available on the NCIR. This is an excellent resource and immunization records printed from the NCIR are acceptable. If you think you may have records in the NCIR, contact Susan Smith at ssmith@guilford.edu. The Student Health Center is closed June and July, but we will be checking our email periodically. We will return to our office on August 1st, and may be reached then by phone: 336-316-2163.

CCE Immunization Form

Please have physician, nurse practitioner, or physician assistant complete this form.
Return to: Guilford College Student Health Center, 5800 W. Friendly Avenue, Greensboro, NC 27410

Please read and follow the instructions on The Guidelines For CCE Student Immunization Form.
Remember:

- Use BLACK ink
- Remember that All dates must have the month/day/year
- The form must be completed and signed by physician, PA, or NP; Signature, address and phone section must be completed

Last Name First Name Middle Date of Birth *(month/day/year)*

Address Sex

G # _____

DTP or Td (series of 3/4)	#1	#2	#3
Td or Tdap Booster in the last 10 years *(Circle one)*	#1		
MMR (Measles, Mumps, Rubella)	#1	#2	
If submitting MMR titer results, must submit laboratory test results that show positive immunity to all three diseases.			

In addition to the Tetanus and MMR Requirement, you must have a TB skin test if any of the following apply to you:

- Were born outside of the United States
- Currently live outside of the United States
- Have ever lived outside of the United States for three months or more

If the TB skin test is positive, you must have proof of a negative chest x-ray, treatment documentation (f required), no active symptoms, and a note from a physician stating you do not have active TB.

Tuberculin (PPD) Test (within 12 months)	Date read	
Chest x-ray – if positive PPD	Date read	mm induration:
(Attach physicians note) Treatment, if applicable	Results Date	

Signature of Physician/Nurse Practitioner/Physician Assistant Date

Print Name of Physician/PA/NP Area Code/Phone Number

Office Address

Dec 2012