

# CE- IMPORTANT INFORMATION

**Any CE (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.

▪ **3 Hepatitis B shots.**

Required only if you were born after July 1, 1994. Hepatitis blood titer is NOT acceptable.

In addition to these requirements, you must have a **Tuberculin (PPD) skin test** if you are an international student. 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 CE (ADULT STUDENT) IMMUNIZATION FORM

**IMPORTANT: Please read BEFORE having form completed:**

- Records must be 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, military, or previously attended college. The Permanent Health Record, which may be part of your public school record, is acceptable; High school transcripts themselves are not acceptable, but the information on them is 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](mailto:ssmith@guilford.edu). The Student Health Center is closed each June and July, but we check our email periodically. We return to our office on August 1st, and may be reached then by phone: 336-316-2194.

If you are unable to locate any of your immunization records, you will need to be re-immunized in accordance with the Centers for Disease Control (CDC) vaccination schedule.

# GUILFORD

## COLLEGE

### CE IMMUNIZATION FORM

Please read and follow the instructions on The Guidelines For CE Student Immunization Form.

Remember:

- Please keep a copy for your records
- 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

Return to: Guilford College Student Health Center, 5800 W. Friendly Avenue, Greensboro, NC 27410

Last Name	First Name	Middle	Date of Birth (month/day/year)
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Address	Sex
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G #	Phone #
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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.			
Hepatitis B Series (series of 3 doses)*	#1	#2	#3
*Hepatitis B is not required if you were born before July 1, 1994.			

In addition to these requirements, you must have a TB skin test if you are an international student.		
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 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)	Results	
Treatment, if applicable	Date	

Signature of Physician/Nurse Practitioner/Physician Assistant	Date
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Print Name of Physician/PA/NP	Area Code/Phone Number
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Office Address