Welcome to the University of South Carolina! We are glad you have chosen USC to meet your higher education goals. According to University policy, a complete immunization record is required of all students. The immunization requirements must be met on file at the Thomson Student Health Center Allergy/Immunization Clinic before you can register for classes.

CHECKLIST FOR COMPLETING THIS FORM:

☐ Have your healthcare provider complete and sign the Immunization Record Form. Dates of vaccine administration must include month, day and year. Make sure to keep a copy for yourself.

☐ You are required to complete the Tuberculosis Screening Questionnaire on page 3 of this document and follow up with your healthcare provider if indicated.

☐ Submit your immunization dates online at My Health Space at www.sc.edu/myhealthspace.

☐ Mail or fax a copy of your completed Immunization Record Form to the Thomson Student Health Center before the applicable deadline noted below.

COMPLETED FORMS MUST BE SUBMITTED VIA MAIL OR FAX NO LATER THAN THREE WEEKS BEFORE YOUR SCHEDULED ORIENTATION DATE OR:

FALL ADMISSION: JULY 15         SPRING ADMISSION: DECEMBER 1

MAIL COMPLETED FORMS TO:
Thomson Student Health Center Allergy/Immunization Clinic
1409 Devine Street    Columbia, SC    29208

OR FAX COMPLETED FORMS TO: 803-777-3955

PLEASE NOTE THESE IMPORTANT DETAILS:

- Incomplete or late forms will delay your ability to register for classes. Due to high volume, forms take up to TWO WEEKS to process if submitted after the due date.

- Your immunization records do not transfer automatically. You must request a copy from your previous school.

- Immunization records from a doctors office, health department, the military or a previous school may be submitted in place of this form. While we can accept these forms, you must submit the TB Risk Assessment form, which can be found at www.sa.sc.edu/shs/patientinfo/forms/tb-risk. All records must be verified with a healthcare provider’s signature or stamp.

THIS DOCUMENT CONTAINS FOUR SECTIONS YOU MUST COMPLETE WHERE APPLICABLE:

SECTION A – Required Immunizations (Including Required Tuberculosis Screening Questionnaire)
Have your physician or health department clinician fill in your immunization record and update any required immunizations. Answer the questions on page 2 and follow up with a healthcare provider if indicated.

SECTION B – Centers for Disease Control & Prevention (CDC) Recommended Immunizations
Some academic departments and programs may require some of these recommended immunizations. Consult with your academic department for specific immunization requirements. You may elect to receive these immunizations from your private physician or health department prior to arriving at the University. Refer to the information on the next page regarding CDC recommendations for hepatitis B and meningitis.

SECTION C – Parental Consent
If you are under the age of 16, you will need a signature from a parent or legal guardian authorizing any medical treatment sought at Student Health Services.

SECTION D – Immunization Exemptions
This section includes medical contraindication, temporary exemption, religious exemption and distance education exemption. All must be verified with proper documentation.
CDC Recommendations for Meningococcal Disease and Hepatitis B Vaccinations

*These vaccinations are available for a fee at the Thomson Student Health Center 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 freshman 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 Clinic online at www.sc.edu/myhealthspace or by calling 803-777-9511.
Enter all immunization dates online at My Health Space at www.sc.edu/myhealthspace before submitting this form.

**PLEASE PRINT: To be completed by student.**

Name _____________________________________________________________________________________________________

Last
First
Middle

Address ___________________________________________________________________________________________________

Street/P.O. Box

City
State
ZIP
Country

Home Phone (____) ______________     Cell Phone (____) ____________________Email__________________________________

First term of enrollment (circle)       Fall       Spring       Maymester       Summer I       Summer II           Year 20 ___

Date of birth: _____ / _____ / ________  Age at the time you will enter the University: ___________

Social Security # or ID number for internationals (REQUIRED): __________ - ______ - __________

☐ Freshman   ☐ Transfer   ☐ International student   ☐ Distance education   ☐ Other: ____________________

Student signature __________________________________________________________________________________

**SECTION A: REQUIRED IMMUNIZATIONS:** Must be completed/signed by healthcare provider.

1. MMR (Measles, Mumps, Rubella): Two doses required for students born in 1957 or later.
   - ☐ Dose 1 - Given at age 12 months or later    Date of administration: _____/____/____
   - ☐ Dose 2 - Given at least 28 days after the first dose    Date of administration: _____/____/____
   - ☐ Exemption: I was born before 1957 and am exempt from this requirement.

   **OR** proof of positive MMR titer results. (Attach lab reports.)

2. Meningococcal vaccine: Required for all incoming students under 21 years of age.
   Proof of receipt of a conjugate meningococcal vaccine (e.g. Menactra or Menveo) or a signed waiver declining the vaccine is required for all incoming students under 21 years of age. If it has been between 2 and 5 years since you received the Menomune vaccine, it is recommended you get the Menactra or Menveo vaccine. If it has been more than 5 years since you received any meningitis vaccine, you are required to get the Menactra or Menveo vaccine.

   - ☐ Menactra    Date of administration mm/dd/yyyy
   - ☐ Menveo    Date of administration mm/dd/yyyy
   - ☐ Menomune    Date of administration mm/dd/yyyy

I have read the CDC guideline page inserted in this document and understand the risks associated with meningococcal disease.

☐ Declined vaccination (signature required) ___________________________ Date: __________

**FOR OFFICE USE ONLY:**

REC’D   RX   MMR  MENI   TST  TBFU
RC     IMS   PNC  Notified
TM     TBRA   TST  TBFU

Thomson Student Health Center Allergy/Immunization Clinic
1409 Devine St. Columbia, SC 29208

For questions, email immunize@sc.edu or call 803-777-9511.
Fax: 803-777-3955

Return this form by mail or fax to:
IMMUNIZATION RECORD FORM

For OFFICE USE ONLY:

Please return this form by mail or fax to:
Thomson Student Health Center Allergy/Immunization Clinic
1409 Devine St. Columbia, SC 29208
For questions, email immunize@sc.edu or call 803-777-9511.
Fax: 803-777-3955

Please print: To be completed by student.

I have read the CDC guideline page inserted in this document and understand the risks associated with meningococcal disease.

☐ Declined vaccination (signature required) ___________________________ Date: __________

Immunization Record Form 11.14.2012.pub
3. Tuberculosis (TB) screening questionnaire. (See page 3.)

Have you ever had a positive TB skin test? □ Yes □ No

Have you ever had close contact with anyone who was sick with TB? □ Yes □ No

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? □ Yes □ No

If yes, please CIRCLE the country.

Have you traveled to a country listed below and stayed more than one month? □ Yes □ No

If yes, please CIRCLE the country.

If the answer is YES to any of the above screening questions, you must complete page 3.

The University of South Carolina requires that students complete a tuberculosis risk assessment by a physician or healthcare facility if risk is noted on TB screening questionnaire.

Source: World Health Organization Global Tuberculosis control, WHO Report 2010, Countries with Tuberculosis incidence rates >20 cases per 100,000 population.
TUBERCULOSIS (TB) RISK ASSESSMENT
(Required if risk noted on TB screening questionnaire)

PATIENT SECTION

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent close contact with someone with infectious TB disease</td>
<td></td>
<td></td>
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<tr>
<td>Foreign-born from (or travel to/in) a high-prevalence area</td>
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<tr>
<td>Abnormal prior chest x-ray suggesting inactive or past TB disease</td>
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<tr>
<td>HIV/AIDS</td>
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<tr>
<td>Organ transplant recipient</td>
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<tr>
<td>Immunosuppressed (equivalent of &gt;15 mg/day of prednisone for &gt;1 month or TNF-α antagonist)</td>
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<tr>
<td>History of illicit drug use</td>
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<tr>
<td>Resident, employee or volunteer in a high-risk congregate setting</td>
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<td></td>
</tr>
<tr>
<td>Medical condition associated with increased risk of progression to TB disease if infected (diabetes mellitus, silicosis, head, neck or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin’s disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight [10% or more below ideal for the given population])</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF YES TO ANY QUESTION ABOVE, TB TESTING IS REQUIRED.

HEALTHCARE PROVIDER SECTION

If student has signs or symptoms of active TB, they must be treated and cured of TB before they can enroll at USC. A statement from the treating physician indicating treatment and cure is required. We will accept testing that has been done within the past 12 months.

NOTE TO INTERNATIONAL STUDENTS: Interferon Gamma Release Assay is offered on campus at Student Health Services. You may have this completed when you arrive to South Carolina.

**Tuberculin skin test (TST)** Result must be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write “0.” The TST interpretation should be based on mm of induration as well as risk factors.

- Date Given: ___/___/______
- Date Read: ___/___/______
- mm dd yyyy
- mm dd yyyy
- Result: ______ mm induration
- Interpretation: Negative ____ Positive ____

**Interferon Gamma Release Assay (IGRA):** Check the specific method: □ QFT-G □ TSPOT □ other

- Date Obtained: ___/___/______
- Result: □ Negative □ Positive □ Indeterminate
- mm dd yyyy

**Chest x-ray:** Required if TST or IGRA is positive, or symptoms of active disease present. Attach a copy of the chest x-ray report to this document. We will accept a chest x-ray performed within the last three months.

- Date of chest x-ray: ___/___/______
- Result: □ Normal □ Abnormal
- mm dd yyyy

**Sputum evaluation:** Required if symptoms of active TB disease are present. Attach a copy of the sputum report to this document.

- Date performed: ___/___/______
- Result: □ Normal □ Abnormal
- mm dd yyyy

If TB test was positive, was INH prophylaxis completed? If so, dates: ___/___/______ until ___/___/______

mm dd yyyy

mm dd yyyy
SECTION B : OPTIONAL IMMUNIZATIONS

The following vaccines are strongly recommended, but are not currently required for admission. They are available through Student Health Services for a fee.

1. HPV (human papillomavirus): Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3: ____/____/____

2. Hepatitis B: Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3: ____/____/____

3. Tetanus and diphtheria: T-dap: ____/____/____ or Td: ____/____/____

4. Hepatitis A: Dose #1: ____/____/____ Dose #2: ____/____/____

5. Varicella: Dose #1: ____/____/____ Dose #2: ____/____/____
   OR history of chicken pox: ____/____/____
   OR attach titer results: ____/____/____

6. IPV (inactivated poliovirus): Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3: ____/____/____ Dose #4: ____/____/____

Healthcare provider: (Signature or stamp required)
Name: ____________________________________________ Signature: ____________________________________________
(Please Print)
Address: _______________________________________________________________________________________
Street / P.O. Box     City     State     Zip Code
Phone: (______) ___________________________________ Date: ___________________________________________

SECTION C: PARENTAL CONSENT (if student is under age 16)

I hereby authorize any medical treatment and/or counseling services for my son/daughter that may be advised or recommended by the healthcare providers and/or counselors at the University of South Carolina.

Parent Signature: ____________________________________________ Date: ____________________________________

SECTION D: IMMUNIZATION EXEMPTIONS

☐ This student is exempt from the above immunizations on grounds of permanent medical contraindication.
   Attach verification from healthcare provider.

☐ This student is temporarily exempt from the above immunizations until ____/____/____.
   Attach verification from healthcare provider.

☐ This student is exempt from the above immunizations on grounds of religious exemption.
   Attach verification by religious leader or health department.

Distance Learning Exemption
I declare by my signature that I will ONLY be enrolling in courses offered by distance learning and therefore will not be attending ANY classes on the University of South Carolina–Columbia campus. I understand that registering for a course offered on campus or at a University-owned or controlled facility voids this exemption, and I will be excluded from class until I provide proof of immunizations. This exemption must be requested for each new term of registration for off-campus courses.

Student/parent or guardian signature ____________________________________________________________