

ADULT ACCESS OF MARS HILL COLLEGE
Mars Hill, NC 28754/828-689-1166—Fax 828-689-1290
SUMMARY OF IMMUNIZATIONS

 Students Full Name (Please Print)

 Date of Birth

The North Carolina Immunization Law requires that students entering college present to the college authorities a certificate of immunizations. Since this student was a patient of yours, would you please complete the immunization history form and return it to Adult ACCESS, Mars Hill College, P O Box 6682, Mars Hill, NC 28754 or fax to 828-689-1290. Specific questions may be directed to Leslie Anderson, Director of Medical Services, at 828-689-1243, or emailed to landerson@mhc.edu.

This immunization record must clearly document that the student has received the following minimum immunizations required by the state of NC:

- 1) **A series of 3 doses of DTP (Diphtheria, Tetanus, Pertussis), Td (Tetanus, Diphtheria) or Tdap** of which one should have been taken **within the last 10 years**.
- 2) **3 doses of polio vaccine.**
- 3) **2 doses of Measles vaccine—UNLESS** any of these apply: 1) diagnosis of disease is documented prior to January 1, 1994; 2) born prior to 1957; 3) enrolled in a college or university for the first time before July 1, 1994; 4) an individual has been documented by serological testing to have a protective antibody titer against measles.
- 4) **1 dose Mumps vaccine--UNLESS** any of these apply: 1) born prior to 1957; 2) enrolled in a College or university before July 1, 1994; 3) an individual has been documented by serological testing to have a protective antibody titer against mumps.
- 5) **1 dose Rubella vaccine--UNLESS** any of these apply: 1) 50 years of age or older; 2) enrolled in a college or university before February 1, 1989 and after 30th birthday; 3) an individual has been documented by serological testing to have a protective antibody titer against Rubella.
- 6) **A Tuberculin Skin Test (PPD)** within the past year required by Mars Hill College

HISTORY OF IMMUNIZATIONS

VACCINE	DATE	DATE	DATE	DATE	DATE
DPT					
Td or TETANUS BOOSTER					
POLIO, oral					
RUBEOLA (measles)					
MUMPS					
RUBELLA (German Measles)					
TB TEST (PPD) (within past year)		Results:			

I certify that this patient received the listed vaccine doses on the date(s) specified.

Physicians Signature _____ Date _____

Office Address _____ Telephone _____

 City

 State

 Zip