Wake Forest University
2020-2021 Health Information & Immunization Form

North Carolina General Statute §130A 152-157 requires that ALL students entering college present a certificate of immunization which documents that the student has received the immunizations that are required by law. This documentation must be signed by a healthcare provider and include an office address. Students may be withdrawn from the university 30 days after classes begin if the mandatory immunization and TB requirements have not been met.

Deadlines for submission OF ALL 5 PAGES:

Fall admission – July 1
Spring admission – January 1
Summer admission – May 1

Basic Instructions:

- All Immunization records are required to be submitted in, or translated into English, and in MM/DD/YYYY format.
- Include name and Wake ID number on all forms.
- Forms completed at a doctor's office, clinic or health department must contain an "official Stamp" and/or clinician signature for documents to be complete and accepted.
- KEEP A COPY FOR YOUR RECORDS.

The following steps are MANDATORY:

- **Step 1:** Have a doctor's office, clinic or health department complete the Immunization Form.
- **Step 2:** Complete the Tuberculosis Questionnaire -**All incoming students must be screened for Tuberculosis risk factors through a screening questionnaire**
- **Step 3:** Mail or email the completed Immunization Requirements Form and TB Screening Questionnaire to:

Wake Forest University Student Health Service
P.O. Box 7386
Winston-Salem, NC 27109
OR
hiif@wfu.edu

Acceptable Records of your Immunizations may be obtained from any of the following:

- **Personal shot records** – Must be verified by a doctor's stamp or signature or by a clinic or health department stamp.
- **High School Records** – These may contain some, but not all of your immunization records. Your immunization records do not transfer automatically. You must request a copy.
- **Local Health Department**
- **Previous College or University Records** – Your immunization records do not transfer automatically. You must request a copy.
- **Military Records or WHO (World Health Organization) Documents** – These records may not contain all of the required immunizations.

IMPORTANT! Your information will be reviewed by staff. You will be notified via post card or email if additional information is needed. Keep a copy for your records. There are occasions when you may need to resubmit your documentation.

Wake Forest University Student Health Service
P.O. Box 7386 | Winston-Salem, NC 27109

Office: (336) 758-5218
Email: hiif@wfu.edu

Wake Forest University
2020-2021 Health Information & Immunization Form

Confidentiality: Student medical records are **confidential**. Medical records and information contained in the records may be shared with therapists and physicians who are involved in the student's care, and otherwise will **not be released** without the student's permission except as allowed by law. Students who wish to have their medical records or information released to other parties should complete a release of information form at the time of each office visit or service.

Deadline: Fall admission – July 1, Spring admission – January 1, or Summer admission – May 1.
Do not submit until all forms are completed.

To be completed by Student **If completing by hand, please use black ink**

Last Name	First Name	Middle Initial	Preferred Name	Date of Birth	WFU ID#

Permanent Address:____

Cell Phone:______________________ Email Address:______________________________

Student Health uses a text message service to remind of appointments & messages that the providers send. If you do not want this service please check box:

Gender:__________ Age:______ Marital Status: Single Married Domestic Partner

USA Citizen? Yes No If no, what is your nationality:______________________________

Class you are entering: Fr. So. Jr. Sr.
Graduate School of Arts & Sciences School of Law
School of Business Graduate Program School of Divinity
Semester Entering: Fall Spring Summer Year:________________
Previously Enrolled at WFU? Yes No

In case of Emergency, contact:______________________________ Relationship:________________

Cell Phone:__________________ Home Phone: __________________ Bus. Phone: __________________

Address: ____

Email Address:____

Health Insurance Information Required or Submit Copy of Both Sides of Insurance ID Card - If you are enrolled in Student Blue, you may not have your information yet. Please write Student Blue on Insurance Co. line and the info will be transferred.
You must visit http://sip.studentlife.wfu.edu/ to complete the health insurance enrollment/waiver form, in addition to completing this section.
If you have questions about this process please send email to sip@wfu.edu

Insurance Company:__________________Subscriber's ID No.:________Group No.:________Date of Birth:___/___/___

Subscriber's Name:__________________________ Ins. Co. Phone Number:__________________

Address of Ins. Co.:____

Important Information—Please read and complete:
Authorization and Consent: Please read and sign below. **If the student is under the age of 18, a parent or guardian must also sign.** I agree that the attending physician or whomever he or she may designate may evaluate and treat all injuries or illnesses for which help is sought. In the case of a minor student, (under the age of 18) this treatment may proceed without prior notification of the undersigned parent or guardian. I also agree that needed immunizations may be administered. I further agree that the Student Health Service may release any medical information to other health care providers who are involved in my care.

____ Date_____/_____/________
Signature of Student

____ Date_____/_____/________
Signature of Parent/Guardian, if student under age 18

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Last Name	First Name	Middle Initial	Preferred Name	Date of Birth	WFU ID#

FAMILY HISTORY

	Age	State of Health	Occupation	Age of Death	Cause of Death
Parent					
Parent					
Brothers					
Sisters					

FAMILY MEDICAL HISTORY

Have any of your relatives ever had any of the following?

	Yes	Relationship
Blood Clots (lung or leg)		
Asthma		
Cancer (type)		
Diabetes		
Heart disease		
Hereditary disease		
High Blood Pressure		
Migraine headaches		
Mental health condition		
Are you adopted?		

PERSONAL HISTORY

Comment on all positive answers below.

Are you allergic to:	**Yes to all that apply**
Penicillin	
Sulfonamides	
Peanuts	
Bees, wasps	
Other medications/foods	
Specify:	
Do you receive allergy injections?	
Have you had:	**Yes to all that apply**
Mononucleosis	
Chickenpox	
Hepatitis B	
Hepatitis C	
HIV	
Hearing disabilities	
Vision problems	
Corrective lenses	
Asthma	
Respiratory disorder	
Heart disease	
High blood pressure	
Stomach or intestinal disorders	
Menstrual cycle disorders	
Kidney disease	
Sexually transmitted infections	
Anemia	
Blood disorders	
Diabetes	
Thyroid disease	
Other endocrine disorders	

Have you Had:	**Yes to all that apply**
Migraines or chronic headaches	
Neurological disorder	
Seizures	
Alcohol abuse problems	
Other drug use problems	
Smoking/tobacco use	
Eating disorder	
Depression	
Anxiety	
ADD,ADHD	
Diagnosed learning disorder	
Other Mental Health Conditions	
Specify:	
Cancer	
Chronic medical condition	
Specify:	
Surgery or serious injury	
Serious head injury	
Concussion	
Mobility disorder	
Organ loss	
Victim of personal or sexual assault, rape	
Current prescription medicines – list	
Current non-prescription medicines – list Name: Dose:	

	Yes to all that apply
A. Have you received treatment or counseling for a psychiatric or psychological problem (e.g. depression, eating disorders, anxiety)? *Please document below.*	
B. Have you had any illness or injury or been hospitalized other than already noted? *Please document below.*	

	Yes to all that apply
C. Have you consulted or been treated by clinics, physicians, healers or other practitioners within the past five years, except for routine exams or minor illnesses or injuries? *Please document below.*	

Please give details for any positive answers above:______________________________

____

Will you be participating on a WFU NCAA athletic team? Yes No Which Sport?______________

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Last Name	First Name	Middle Initial	Preferred Name	Date of Birth	WFU ID#

Tuberculosis (TB) Screening Questionnaire: All new students are required to complete and submit the following TB screening questionnaire form (part 1)

SECTION A: Tuberculosis (TB) Exposure Risk

1. Please answer the following questions:

a) Have you ever had close contact with persons known or suspected to have active TB disease? **YES** **NO**

b) Have you ever lived with or been in close contact to a person known or suspected of being sick with TB? **YES** **NO**

c) Have you ever lived, worked or volunteered in any homeless shelter, prison/jail or long term care facility? **YES** **NO**

d) Have you ever been a member of any of the following groups that may have an increase incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, abusing alcohol or drugs? **YES** **NO**

2. Were you born in, or have you lived, worked or visited for > 1 month in one of the following countries listed in the boxes below?

YES **NO**

If YES, where?____________________ **How long?**____________________ **Dates visited/ lived**____________________

Afghanistan
Algeria
Angola
Argentina
Armenia
Azerbaijan
Bangladesh
Belarus
Belize
Benin
Bhutan
Bolivia
Bosnia and Herzegovina
Botswana
Brazil
Brunei Darussalam
Bulgaria
Burkina Faso
Burundi
Burma (Myanmar)
Cabo Verde
Cambodia
Cameroon
Central African Republic
Chad
China
Colombia
Congo (Democratic Republic)
Cote d'Ivoire
Djibouti Dominican Republic
Ecuador
El Salvador
Equatorial Guinea
Eritrea
Ethiopia
Fiji
French Polynesia
Gabon
Gambia
Georgia
Ghana
Guam
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Iran *(Islamic Republic of)
Iraq
Kazakhstan
Kenya
Kiribati
Kuwait
Kyrgyzstan
Korea (North and South)
Lao
Latvia
Lesotho
Liberia
Lithuania
Libya
Madagascar
Malawi
Malaysia
Maldives
Mali
Marshall Islands
Mauritania
Micronesia (Federal States)
Moldova (Republic of)
Mongolia
Morocco
Mozambique
Myanmar (Burma)
Nauru
Nepal
Nicaragua
Niger
Nigeria
Northern Mariana Islands
Pakistan
Palau
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Portugal
Qatar
Romania
Russian Federation
Rwanda
Sao Tome and Principe
Senegal
Serbia
Sierra Leone
Singapore
Solomon Islands
Somalia
South Africa
South Sudan
Sri Lanka
Sudan
Suriname
Swaziland Syrian Arab Republic*
Tajikistan
Thailand
Timor-Leste
Togo
Tunisia
Turkmenistan
Tuvalu
Tanzania (United Republic)
Uganda
Ukraine
Uruguay
Uzbekistan
Vanuatu
Venezuela
Viet Nam
Wallis and Futuna Islands
Yemen
Zambia
Zimbabwe

If YES to any of the above questions, Wake Forest University requires TB testing within 6 months of arriving on campus. If the answer to all of the questions is NO, no further action is needed.

FOR HEALTHCARE PROVIDER TO COMPLETE: Tuberculosis (TB) Risk Assessment

Clinicians should review and verify the information in Section A. Persons answering YES to any of the questions in Section A are candidates for either Mantoux tuberculin skin test (TST) Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below) **YES** **NO**

Tuberculin Skin Test: Date administered: ___/___/___ Date read: ___/___/___ Result: ______mm

OR

Tuberculin Blood Test: Date: ___/___/___ Result:______________________________

If TB test is positive: Chest x-ray is REQUIRED: Date done:___/___/___

Normal Abnormal **(must attach radiology report)**

Provider Name (print)____________________________________ Address/Clinic stamp________________

Provider Signature: ____________________________________Date:____________________

PRINT PAGE FOR HEALTHCARE PROVIDER TO COMPLETE

In order to attend Wake Forest University, you must comply with North Carolina Immunization requirements, even though your state or country of origin may have different requirements.

1. Have this form completed and signed by your healthcare provider.
2. Mail or email this completed form to Wake Forest University Student Health Service: PO Box 7386, Winston Salem, NC 27109; Email: hiif@wfu.edu **DO NOT FAX**

Last Name	First Name	Middle Initial	Date of Birth	WFU ID#

SECTION A REQUIRED IMMUNIZATIONS

Immunization Name		MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Students must submit documentation of 3 DTP, Td, or Tdap vaccines regardless of age. One MUST be a Tdap, one must be within the past 10 years. **DTaP/DTP/Td** (diphtheria/Tetanus/Pertussis or Tetanus/Diphtheria Toxoid)	**DTap**				
	DTP				
	Td				
Tdap booster (All students MUST show proof of a Tdap booster given since 2005)					
Polio (3 doses required for students under 18 years of age)					
MMR (Measles, Mumps, Rubella - 2 MMR vaccines required on or after first birthday OR 2 Measles, 2 Mumps, and 1 Rubella single doses OR positive Measles, Mumps, Rubella titers)					
Measles (2 required on or after first birthday OR positive titer OR documented disease date)				Disease Date	**Titer Date & Result
Mumps (2 required on or after first birthday OR positive titer)				**Disease Date NOT Accepted**	**Titer Date & Result
Rubella (1 required on or after first birthday OR positive titer)				**Disease Date NOT Accepted**	**Titer Date & Result
Hepatitis B Series (required if born on or after July 1, 1994)					**Titer NOT Accepted for required Hep B Series**
Varicella (required if born on or after April 1, 2001. Positive titer OR date of disease is acceptable)				Disease Date	**Titer Date & Result
Meningococcal Quadrivalent ACYW-135 (Menactra, Menveo) A dose is required ≥ age 16 years for all undergraduates. Meningococcal B vaccine **DOES NOT** fulfill this requirement. Recommended for graduate/professional students through age 21					

SECTION B RECOMMENDED IMMUNIZATIONS

Immunization Name		MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Hepatitis A					
Human Papillomavirus (HPV)	Cervarix				
	Gardasil				
	Gardasil-9				

SECTION C RECOMMENDED IMMUNIZATIONS FOR CERTAIN PATIENTS / MEDICAL CONDITIONS

Immunization Name		MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Meningococcal Group B	**Trumenba**				
	Bexsero				
Pneumovax					
Yellow Fever					
Typhoid IM					
Typhoid oral					
Other					

Signature or Healthcare Provider:

Name (Print)____________________________________Address/Clinic Stamp____________________

Signature____________________________________Phone (______)____________________

PRINT PAGE FOR HEALTHCARE PROVIDER TO COMPLETE

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Last Name	First Name	Middle Initial	Date of Birth	WFU ID#

REPORT OF HEALTH EVALUATION

TO THE EXAMINING PHYSICIAN: Please review the student's history and complete this form.

THIS STUDENT HAS BEEN ACCEPTED. The information supplied **will not** affect his/her status; it will be used only as a background for providing health care, if this is necessary. This information is strictly for the use of the Health Service and will not be released without student consent. Thank you for your cooperation in completing this form. Please complete the IMMUNIZATION RECORD ON PAGE 4 AND THE TUBERCULOSIS SCREENING QUESTIONNAIRE ON PAGE 3, required by Wake Forest policy or North Carolina Law.

Physical Findings		Was physical examination normal? ____Yes ____No If no, please explain abnormality:
Height	cm/in	
Weight	kg/lb	
Pulse	bpm	
Blood Pressure - systolic	mmHg	
Blood Pressure - diastolic	mmHg	
Medication allergies:		
Regular medicines - list names and dosages:		
Disabilities - list:		

SICKLE CELL SCREEN (IF APPLICABLE): DATE________________ RESULTS______________________________________

Recommendations for physical activity (PE, Intramurals, ROTC) Unlimited______Limited______ (Explain below)

Do you have any recommendations regarding the care of this student? No ______ Yes ______ (Explain below)

Is the patient now under treatment for any medical or emotional condition? No ______ Yes ______ (Explain below)

Have you any general comments? ______No ______Yes

If this student has a disability or condition that requires: special housing, meal plan considerations or academic accommodation, please forward that information to: Learning Assistance Center, PO Box 7283, Winston-Salem, NC 27109.

Specific information about the above may be found at: http://lac.wfu.edu/files/2011/07/Guidelines-for-Physical-or-Psychiatric-2016.pdf

PLEASE NOTIFY US OF ANY MEDICAL PROBLEMS THAT DEVELOP AFTER THIS EXAMINATION.

Medical Providers: Please complete the mandatory immunization and TB risk assessment forms on the following 2 pages

____ ____________________

Signature of Physician/Physician Assistant/Nurse Practitioner Date

____ ____________________

Print name of Physician/Physician Assistant/Nurse Practitioner Date

____ ____________________

Office Address Area Code/Phone Number

Are you the student's primary care physician? Yes No If "no," how long have you known student?________________________

Guidelines For Completing The Immunization Record

IMPORTANT: The immunization requirements must be met or according to NC law, you will be withdrawn from classes without credit.

Be certain that your Name, Date of Birth and Student ID Number appear on each sheet and that all forms are mailed together. The records must have the vaccine administration dates. The dates MUST include the month, day, and the year.

Acceptable Records of your immunizations may be obtained from any of the following:

- Personal Shot Records / Local Health Department - Must be verified by a doctor's stamp or signature, or by a clinic or health department stamp with address.

- Military Records or WHO (World Health Organization) Documents - These records may not contain all of the required immunizations. Required records within these documents are however accepted. Must have clinic address.

- Previous College or University Records - Your immunization records do not transfer automatically. You must request to have copy sent to our immunizations department. Must have clinic address.

College / University Vaccines and Number of Dose Requirements

Vaccine	Number of Doses Required Before School Entry*
Diphtheria, tetanus and pertussis[1]	3 doses
Polio[2]	3 doses
Measles[3]	2 doses
Mumps[4]	2 doses
Rubella[5]	1 dose
Hepatitis B (Hep B)[6]	3 doses
Varicella[7]	2 doses
Meningococcal: Quadrivalent ACYW-135[8]	1 does on or after the 16th birthday

Footnote 1 - Three doses are required for individuals entering college or university. Individuals entering college or university for the first time on or after July 1, 2008 must have had three doses of tetanus/diphtheria toxoid; one of which must be tetanus/diphtheria/pertussis. Given since 2005.

Footnote 2 - Three doses are required for individuals entering college or university. An individual attending school who has attained his or her 18th birthday is not required to receive polio vaccine.

Footnote 3 - Two doses at least 28 days apart are required for individuals entering college or university. The requirement for a second dose does not apply to individuals who entered school, college, or university for the first time before July 1, 1994. A person who has been diagnosed prior to January 1, 1994 by a physician (or designee such as a nurse practitioner or physician's assistant) as having measles (rubella) or an individual who has been documented by serological testing to have a protective antibody titer against measles is not required to receive measles vaccine. Individuals born before 1957 are not required to receive measles vaccine except in measles outbreak situations.

Footnote 4 - Two doses are required for individuals entering college or university. A physician's diagnosis is not acceptable for mumps disease(s). Individuals must be immunized or have laboratory confirmation of disease or have documented by serological testing to have a protective antibody against mumps. Individuals born before 1957 are not required to receive the mumps vaccine. Individuals that entered college or university before July 1, 1994 are not required to receive the vaccine. Individuals that entered school, college, or university before July 1, 2008 are not required to receive the second dose of mumps vaccine.

Footnote 5 - One dose is required for individuals entering college or university. A physician's diagnosis is not acceptable for rubella disease(s). Individuals must be immunized or have laboratory confirmation of rubella disease or have been documented by serological testing to have a protective antibody titer against rubella. Any individual who has attained his or her fiftieth birthday is not required to receive rubella vaccine except in outbreak situations. Any individual who entered college or university after his or her thirtieth birthday and before February 1, 1989 is not required to receive rubella vaccine except in outbreak situations.

Footnote 6 - Three doses are required for individuals entering college or university. Hepatitis B vaccine is not required if an individual was born before July 1, 1994.

Footnote 7 - Varicella is not required if an individual was born before April 1, 2001. Individuals entering Kindergarten or first grade for the first time before July 1, 2015 are not required to receive the second dose of varicella vaccine.

Footnote 8 - Meningococcal Quadrivalent ACYW-135 is required of all undergraduate students. One dose on or after the 16th birthday. Recommended for graduate and professional students.

*Must repeat Rubeola (measles) vaccine if received more than 4 days prior to 12 months of age. History of physician - diagnosed measles disease is acceptable, but must have signed statement from physician.

**Only laboratory proof of immunity to rubella or mumps is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician is not acceptable.

***Vaccine, laboratory proof of immunity, or history of disease with a signed physician statement is acceptable to varicella.

Meningcoccal (meningitis) Disease

Meningococcal Disease is a rare but potentially fatal bacterial infection caused most often by the bacterium Neisseria meningitidis. Meningococcal Meningitis is an inflammation of the membranes surrounding the brain and spinal cord that can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death. Meningococcal bacteria are transmitted through the air via droplets of respiratory secretion, by oral contact with shared items, such as cigarettes or drinking glasses, by kissing, or by direct contact with an infected person. Although anyone can come in contact with the bacteria that cause meningococcal disease, data also indicate certain social behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at increased risk for the disease. Patients with respiratory infections, compromised immunity, those in close contact to a known case, and travelers to endemic areas of the world are also at increased risk.

Symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, rash, nausea, vomiting, and lethargy, and may resemble the flu. Meningitis usually peaks in late winter and early spring and its flu-like symptoms make diagnosis difficult. The bacteria may be carried in the nose or throat without symptoms. Meningococcal may also cause other body infections instead of meningitis, such as septic arthritis, brain inflammation, and pneumonia. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently.

Treatment with antibiotics should begin as soon as the diagnosis is considered.

The Centers of Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommends that college students, particularly freshmen living in residence halls, be educated about meningitis and the benefits of vaccination. This recommendation is based on recent studies showing that college students living in residence halls, particularly freshmen, have a six-fold increased risk of contracting meningitis over other college students. The recommendation further states that information about the disease and vaccination is appropriate for other undergraduate students who also wish to reduce their risk for the disease. To learn more about meningitis and the vaccines, we encourage you to visit the CDC website, consult your health care provider, or you may contact our Immunization Office by calling 919.515.4302. For more information please visit the following link!
https://www.immunize.nc.gov/family/vaccines/meningococcal.htm

Influenza Disease

For more information please visit the following link: https://www.immunize.nc.gov/family/vaccines/influenza.htm

Human Papillomavirus (HPV)

For more information please visit the following link: https://www.immunize.nc.gov/family/vaccines/hpv.htm