

## Carolinas College of Health Sciences Health Forms Instructions

Carolinas HealthCare System  
Employee Health Department  
400 East Blvd.  
Charlotte, NC 28203

704-444-3162  
FAX 704-444-3191

***Attention new Computed Tomography, Medical Technology, Nursing, Radiation Therapy, Radiologic Technology, and Surgical Technology students:***

Welcome to Carolinas College of Health Sciences. The Carolinas HealthCare System and North Carolina state law require students to present a record of immunization that documents compliance with all required immunizations.

All students must meet immunization requirements (see reverse side). **REGISTRATION WILL BE CANCELLED AND THE STUDENT ADMINISTRATIVELY WITHDRAWN** if the immunization documentation is not received prior to classes beginning.

**NOTE:** The Admissions Office of Carolinas College of Health Sciences does not automatically send high school or other immunization records to Employee Health. It is the students' responsibility to maintain a copy of these records and to ensure these records are sent to the above address or brought to the appointment.

Please follow the steps outlined below to ensure your records are received in a timely manner:

- Do **NOT** make an appointment or submit immunization records to Employee Health until you have received a letter of acceptance to the College.
- Make two (2) copies of all your immunization records or blood titers. Listed on the attached form are the immunizations required and possible exemptions. If you do not have proof of these immunizations or exemptions, Employee Health will give the immunizations to you free of charge.
- Bring one copy of your immunization records to Employee Health when you come for your health assessment and drug screen.
- Make an appointment with Employee Health to schedule a baseline drug screen and complete a physical assessment. Your immunization records will be reviewed at this time and updated as necessary. You may call **NOW** to schedule this appointment within 30 days of the first day of class.

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

- Take the following with you to Employee Health for your appointment:
  - Copy of immunizations
  - A full bladder... you will need to produce a urine sample for the drug screen
  - A list of prescription medications you are taking (please mention these to the nurse during the physical assessment)
  - **NO CHILDREN!**

**NOTE:** If you are a CHS employee or have recently completed Nurse Aide I at CCHS, you may not need to make this appointment, **BUT** you must contact Employee Health to request verification of this exemption. You may also need additional immunizations as the state requirement is slightly different than the employee requirement.

Again, congratulations on being admitted to CCHS. We are looking forward to having you in class.

## Carolinas College of Health Science Immunization Requirements

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

- High School Records – may not include all immunizations
- Personal Shot Record – must be verified by a physicians signature or stamp
- Local Health Department
- Military Records
- Previous College or University – you must request a copy as records do not automatically transfer

REQUIRED IMMUNIZATION MUST PROVIDE DATES		EXEMPTIONS (MUST PROVIDE DOCUMENTED PROOF OF ITEMS LISTED BELOW TO BE CONSIDERED EXEMPT
Diphtheria/Tetanus ➤ _____ ➤ _____ ➤ * _____	3 doses of Td or DPT required. <b>*One dose must be within last ten years</b>	<input type="checkbox"/> Physician-documented allergic reaction to tetanus toxoids.
Measles (rubeola) ➤ _____ ➤ _____ <input type="checkbox"/> unnecessary if born prior to 1957	2 doses of measles vaccine administered <b>on or after first birthday</b> , at least 30 days apart.	<input type="checkbox"/> positive rubeola titer <input type="checkbox"/> physician-documented allergic reaction to measles vaccine, eggs, or neomycin <input type="checkbox"/> physician documented case of rubeola <input type="checkbox"/> physician-documented case of rubeola prior to 1991 <input type="checkbox"/> TEMPORARY EXEMPTION-current pregnancy
Mumps ➤ _____ <input type="checkbox"/> unnecessary if born prior to 1957	1 dose administered <b>on or after 1st birthday.</b>	<input type="checkbox"/> positive mumps titer <input type="checkbox"/> physician-documented allergic reaction to mumps vaccine, eggs, or neomycin <input type="checkbox"/> TEMPORARY EXEMPTION-current pregnancy
Rubella ➤ _____ ➤ * _____ <input type="checkbox"/> unnecessary if age 50 or older	2 doses of rubella vaccine. <b>*One on or after 1st birthday.</b>	<input type="checkbox"/> positive rubella titer <input type="checkbox"/> physician-documented allergic reaction to rubella vaccine, eggs, or neomycin <input type="checkbox"/> TEMPORARY EXEMPTION-current pregnancy
Polio ➤ _____ ➤ _____ ➤ _____ <input type="checkbox"/> unnecessary if age 18 or older	3 doses required. May be OPV or IVP	
Hepatitis B ➤ _____ ➤ _____ ➤ _____	3 doses required <b>(Available at no charge from CHS Employee Health.)</b>	<input type="checkbox"/> Positive titer-Please provide copy of labwork or MD signature <input type="checkbox"/> Allergy to yeast <input type="checkbox"/> TEMPORARY EXEMPTION-current pregnancy

\*Must repeat Measles (Rubeola) vaccine if received even one day 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 disease is acceptable if the vaccine is not taken. History of Rubella or Mumps disease, even from physician, is not acceptable.