



Columbia College Immunization Record

Entering Month/Year _____

First Year _____ Transfer _____

REQUIRED INFORMATION

Name: _____ CC ID #: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Mobile Phone: _____

REQUIRED IMMUNIZATIONS: The following immunizations/tests are **required** by Columbia College students **PRIOR** to registration. Each immunization must be dated and signed or stamped by a Health Care Professional/Office. **PARENTAL SIGNATURE IS NOT ACCEPTABLE.**

1. All entering college students born after December 31, 1956 are required to have the following: Two doses of Rubeola (Measles) Vaccine and One dose of Rubella (German Measles) vaccine. Two doses of MMR (Measles, Mumps, Rubella) will meet this requirement.

#1 _____ #2 _____
(Date M/D/YR) (Signature or Stamp of MD, Nurse, Health Office) (Date M/D/YR) (Signature or Stamp of MD, Nurse, Health Office)

2. **FOR INTERNATIONAL STUDENTS ONLY:** Tuberculosis Screening (PPD required regardless of prior BCG inoculation). PPD (Mantoux) within the past 6 months (tine or monovac not acceptable).

Date Given: _____ Date Read: _____ Results: (mm) _____/
(Signature or Stamp of MD, Nurse or Health Office)

If PPD is positive, a chest X-RAY is required: X-ray results: Normal _____ Abnormal _____ Mo _____/Yr. _____

MENINGOCOCCAL VACCINE: The CDC Advisory Committee on Immunization Practices (ACIP) and the American College Health Association (ACHA) announced their recommendation in Spring 2005 that all incoming college freshmen living in residence halls be immunized against meningococcal disease.

The CDC's Advisory Committee on Immunization Practices (ACIP) now recommends that students, especially college freshmen living in resident halls, be vaccinated with meningococcal vaccine. These recommendations state that information about the disease and vaccination is appropriate for all undergraduate students who wish to reduce their risk for disease. The American College Health Association (ACHA) believes that the vaccine is appropriate for all college students age 25 and younger. The vaccine is indicated for active immunization of adolescents and adults 11-55 years of age for the prevention of invasive meningococcal disease caused by serogroups A,C,Y, W-135. These types account for nearly 2/3 of meningitis cases among college students. Licensed in 2005, a new vaccine is available to protect against the 4 types of bacteria that cause meningitis in the U.S.

Meningococcal Conjugate Vaccine (MCV4) MENACTRA™ _____
Date (Signature or stamp of MD, Nurse, or Health Office)

HEPATITIS B VACCINE: The CDC's Advisory Committee on Immunization Practices (ACIP), the American College Health Association (ACHA), and the South Carolina Department of Health and Environmental Control (DHEC) strongly recommends Hepatitis B Vaccine for all students prior to college entry, especially those planning to enter health professions, and the field of education.

HEPATITIS B VACCINE SERIES: Recombivax HB Engerix-B Hepta-vax

Date #1 _____ #2 _____ #3 _____
(Signature or Stamp of MD, Nurse or Health Office)

OPTIONAL IMMUNIZATIONS: Although Not Required at this time, Columbia College recommends a Tetanus/Diphtheria booster within the past 10 years.

1. **TETANUS DIPHTHERIA:** Please document the date of your last booster below.

Tetanus Toxoid _____ or Tetanus Diphtheria _____
(Date M/D/YR) (Date M/D/YR) (Signature or Stamp of MD, Nurse, Health Office)

2. **VARICELLA (Chickenpox)** Occupations that have exposure to young children should have history of varicella (chickenpox) disease or vaccination.

(a) History of Disease: Date: _____ (b) If you have never had the disease or are unsure, we strongly recommend that you obtain a vaccination.

Varivax® Vaccine: Date #1 _____ #2 _____
(Signature or Stamp of MD, Nurse or Health Office)

3. **CORONAVIRUS SARS-COV VACCINE:** Date #1 _____ #2 _____

(Signature or Stamp of MD, Nurse or Health Office)

Students with a chronic illness requiring in-depth medical care and follow-up must plan with a local physician. Students with chronic illness are also encouraged to make the Dean of Students aware of their health concerns.

I HEREBY CERTIFY THAT THIS INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE

(Student's Signature/Parent or Guardian Signature required if under 18)

Date

Send completed Immunization Record to:
Columbia College, Office of Case Management
1301 Columbia College Drive, Columbia, SC 29203
E-mail: jmyers@columbiasc.edu Phone: (803) 786-3731 Fax: (803) 786-3576

For Office Use Only: Immunization/Jenzabar

MMR Requirement Date Recorded: _____
MMR #1 Date recorded: _____
MMR#2 Date recorded: _____
Meningococcal Vaccine: _____
DD/Immunization Form #9
Revised, January 2024