

PROOF OF IMMUNIZATION COMPLIANCE

Last	First		N	Iiddle Initial		
Social Security Number:	/D	ate of Birth:	/			
Semester and Year of initial enrollmen	ıt:					
Physician/Health Care Provider Verification						
MEASLES (Rubeola)	MEASEL	S (Rubella)				
1 st Immunization Date:		Or Date of Dise	Or Date of Disease:			
2 nd Immunization Date:		Or Date of Dise	Or Date of Disease:			
RUBELLA		MUMPS	MUMPS			
Immunization Date:		Immunization D	Immunization Date:			
Or Serologic Test Date and Result:		Or Serologic Te	Or Serologic Test Date and Result:			
TETANUS-DIPHTHERIA		Immunization D	Immunization Date:			
MENINGITIS VACCINE		Immunization D	Immunization Date:			
Per Acts 251 and 711 of the 2006 Regular must show proof of having received the student's registration will not be comple	Menamune or Menactra me	eningococcal vaccino	e or provide a			
The vaccine is not required of: Students above freshman level Students enrolled only in non- High school students Prisoners		ed 12 hours or more	at any postse	econdary level instit	ution)	
It is understood that claiming exemption measles, mumps, or rubella occurs until					n the event an outbreak of	
If you request exemption for medical or	personal reasons, please cl	heck the appropriate	box below a	and provide the infor	rmation requested.	
☐ Medical I	Reasons (Physician's state	ment, use space bel	ow)			
	Reasons (Use space below					
☐ Unavailal	oility of meningitis vaccin	e				
tudent's Signature	Date	Physician's sign	nature if me	dical exemption r	equested	
or Official Use Only:						
Student has obtained credit of 12+ hours	at prior school	☐ H. S. Student	□ NC C	Classes Prisoner		

Review Process:

X	Reviewing Council/Entity	Review Date	Effective Date
X	Student Affairs Officers	11/29/06	
X	Academic Affairs Officers	11/29/06	
X	Regional Directors	06/01/07	
X	Vice President for CTE	06/01/07	06/01/07

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