

Duke University Mandatory Immunization Requirements for Undergraduate/Graduate/Professional Students

North Carolina General Statutes §130A 152 – 157 requires that all students entering college present a certificate of immunization which documents that the student has received the immunizations required by law. Students will be WITHDRAWN FROM THE UNIVERSITY 30 days after classes begin if immunization requirements have not been met and the Immunization and Tuberculosis information have not been received by Student Health Services (SHS). If an immunization requires a series of doses and the period necessary to give the vaccine extends beyond the 30 days, the student will be allowed to attend classes upon receiving documentation that the series is in progress. SHS reserves the right to deactivate your DukeCard if the minimum immunization requirements are not met. You may obtain any needed immunizations from your private physician, local health department or Duke Student Health Services.

All incoming students must be screened for Tuberculosis TB risk factors through a screening questionnaire. If TB testing is indicated by this questionnaire, a Tuberculosis skin test (TST) or IGRA (TB blood test) must be completed within the 12 months preceding the 1st day of classes. BCG vaccination does not prevent testing. For students who have received the BCG vaccine, an IGRA, either QuantiFERON TB Gold (QFT-G) or T-Spot, is preferred. If TST or IGRA is positive, a chest x-ray is required within the 12 months preceding the 1st day of classes. If a student has recently received a live virus vaccine, TB testing should be delayed for 4 weeks.

You may wait and have these tests done at SHS after you have arrived. For tuberculosis testing and/or immunizations please call 1.919.681.9355 to schedule an appointment at Duke Student Health Services.

International students if you are coming from a high-incidence TB area, testing must be done at Duke Student Health Services. You must be enrolled in the Duke Student Medical Insurance Plan to have insurance coverage. Otherwise, please wait until you have insurance coverage.

IMPORTANT! SHS DOES NOT ACCEPT TB TESTING OR CHEST X-RAYS DONE OUTSIDE OF THE UNITED STATES!

Undergraduates *** Meningococcal Booster (Menactra, Menveo, Menomune, MPSV4, MCV4) is **REQUIRED**. Booster dose must be given to first-year college students if the previous dose was given before the age of 16. The minimum interval between doses of meningococcal conjugate vaccine is 8 weeks. Non-freshman college students may choose to be vaccinated to reduce their risk of meningococcal disease.


DO NOT WAIT! Late, incomplete or inaccurate information may delay registration. *Freshman will not receive their dorm key on move in day if requirements are not met!**

DEADLINES FOR ENROLLMENT: **Fall - June 30th** **Spring - December 15th** **Summer - April 15th**

Basic Instructions:

- All Immunization records are required to be submitted in, or translated into English, and in MM/DD/YYYY format
- Include the student's name and Unique ID on all correspondence. Print all student information legibly (name, phone, etc.).
- Have forms completed by a doctor's office, clinic or health department. An "official stamp" AND an official signature from one of these entities must be included for documents to be complete and accepted.
- KEEP A COPY FOR YOUR RECORDS.** Should anything be amiss, you can easily refer to what was sent to Student Health.

The following 4 steps are MANDATORY:

- Step 1:** Have a doctor's office, clinic or health department complete the Mandatory Immunization Requirements Form
- Step 2:** Complete the Mandatory Tuberculosis Screening Questionnaire (Duke performs targeted TB testing)
- Step 3:** Log into the SHS portal (red  entitled) "**Student Health Gateway**" <http://studentaffairs.duke.edu/studenthealth>

Click the "Forms" tab and complete the following online forms:

- Duke University HIPAA Agreement and Consent to Treat
 - Health History Form
 - Immunizations Page in EMF Forms
 - TB Screening Page in EMF Forms
- Step 4:** Mail the completed Immunization Requirements Form and TB Screening Questionnaire to:

Duke University Student Health Center
Attention: Immunization Department
DUMC Box 2899, Durham, NC 27710

OR

Fax 1.919.681.7386

IMPORTANT! You MUST enter the information online before you fax or mail your completed forms. If you don't, this will greatly delay processing. Please go to the above link and complete the online forms before sending Duke SHS your records.

Duke University Mandatory Immunization Requirements Form for Undergraduate/Graduate/Professional Students

Last Name: _____ First Name: _____ Middle Initial: _____

Duke Unique ID: _____ Date of Birth: ____/____/____ Sex: _____

ENROLLMENT STATUS (✓all that apply) Undergraduate Graduate Professional On-Campus Off-Campus Part-time Full-time

FORM MUST BE COMPLETED AND SIGNED BY A DOCTOR'S OFFICE, CLINIC, OR HEALTH DEPARTMENT

Information must be in English and in MM/DD/YYYY format

<p>REQUIRED FOR ALL STUDENTS: 3 doses of Tetanus/diphtheria toxoid (DT, DTaP, DTP, or Td) and a booster dose of tetanus/diphtheria/pertussis vaccine if a tetanus/diphtheria toxoid or tetanus/diphtheria/pertussis vaccine has not been administered within the past 10 years. Tdap became available in the U.S. June 2005. Please note: Td is a different vaccine, and does not substitute for Tdap. Tdap can be administered regardless of interval since the last tetanus or diphtheria toxoid-containing vaccine.</p> <p>DTaP, DTP, or DT #1 ____/____/____, #2 ____/____/____, #3 ____/____/____, #4 ____/____/____, #5 ____/____/____</p> <p>Td Booster ____/____/____ OR Tdap Booster (Boostrix or Adacel) ____/____/____</p>
<p>REQUIRED FOR ALL STUDENTS: 2 doses of MMR (Measles, Mumps, Rubella) given at least 28 days apart and after 12 months of age. If given as single antigen vaccine, you must have 2 Measles, 2 Mumps and 1 Rubella OR positive MMR IgG antibody titer (laboratory report must be attached). Vaccine doses administered at less than the minimum interval or earlier than the minimum age are not valid and must be repeated.</p> <p>MMR #1 ____/____/____ MMR #2 ____/____/____ OR list single antigen vaccines below:</p> <p>Measles #1 ____/____/____, Measles #2 ____/____/____, Mumps #1 ____/____/____, Mumps #2 ____/____/____, Rubella #1 ____/____/____</p>
<p>REQUIRED FOR UNDERGRADUATES: 3 doses of Hepatitis B given as a series, with 4 weeks between the first and second doses, 8 weeks between the second and third doses and at least 16 weeks between the first and third doses. Optional two-dose schedule of Recombivax HB® only for vaccination of adolescents aged 11-15 years. Vaccine doses administered at less than the minimum intervals are not valid and must be repeated.</p> <p>#1 ____/____/____, #2 ____/____/____, #3 ____/____/____ OR (two-dose schedule aged 11-15 years) #1 ____/____/____, #2 ____/____/____</p>
<p>REQUIRED FOR UNDERGRADUATES: Meningococcal (Menactra, Menveo, Menomune, MPSV4, MCV4) Booster dose must be given to first-year college students if the previous dose was given before the age of 16. If initial dose given age ≥16 yrs, no booster dose is required.</p> <p>Meningococcal #1 ____/____/____ Booster Meningococcal ____/____/____</p>
<p>REQUIRED FOR STUDENTS UNDER AGE 18: 3 doses of Polio #1 ____/____/____, #2 ____/____/____, #3 ____/____/____</p>
<p>RECOMMENDED FOR ALL:</p> <p>Varicella Vaccine (VAR) #1 ____/____/____, #2 ____/____/____ OR Chickenpox Disease ____/____/____</p> <p>Gardasil # 1 ____/____/____, #2 ____/____/____, #3 ____/____/____ OR Cervarix # 1 ____/____/____, #2 ____/____/____, #3 ____/____/____</p>
<p>RECOMMENDED FOR TRAVEL:</p> <p>Rabies #1 ____/____/____, #2 ____/____/____, #3 ____/____/____, #4 ____/____/____</p> <p>Hepatitis A #1 ____/____/____, #2 ____/____/____ OR Twinrix #1 ____/____/____, #2 ____/____/____, #3 ____/____/____</p> <p>Yellow Fever ____/____/____ Typhoid (IM) ____/____/____ Typhoid (Oral) ____/____/____ IXIARO#1 ____/____/____, #2 ____/____/____</p>

An official stamp from a doctor's office, clinic or health department AND an authorized signature from a MD, DO, PA, NP, RN or LPN must appear on this form or it will not be accepted. Mail OR fax completed form to:

Duke University Student Health Center, Attention: Immunization Department, DUMC Box 2899, Durham, NC 27710 OR fax to 1.919.681.7386

Provider Name (print): _____ Office Phone #: _____

Provider Signature: _____ Date: _____

Address/Official Stamp Here:

Duke University Mandatory Tuberculosis Screening Questionnaire for Undergraduate/Graduate/Professional Students

Last Name: _____ First Name: _____ Middle Initial: _____

Duke Unique ID: _____ Date of Birth: _____/_____/_____ Sex: _____

ENROLLMENT STATUS (✓all that apply) Undergraduate Graduate Professional On-Campus Off-Campus Part-time Full-time

SECTION A: Tuberculosis (TB) Exposure Risk

1. Are you a Medical, Nursing, Ophthalmology, Pathology, Physician Assistant or Physical Therapy student? YES NO
2. Were you born in, or have you lived, worked or traveled to one of the following countries listed in the boxes below for > 1 month? YES NO

If yes, Where? _____ How long? _____

(If you do not list the country and length in the space provided, TB testing will be automatically REQUIRED)

3. Do any of the following conditions or do any of the following situations apply to you?
 - a) Do you have a persistent cough (3 weeks or more), fever, night sweats, fatigue, loss of appetite, or weight loss? 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 healthcare facility? YES NO
4. Have you ever had a positive Tuberculin Skin Test (TST/PPD) **OR** positive TB blood test (IGRA)? YES NO

SECTION B: Bacille Calmette-Guérin History

1. Have you ever received the BCG vaccine? If yes, a TB blood test IGRA is the preferred method of testing, *if required*. YES NO

If you answered YES to any of the questions in Section A, Duke University requires that you receive TB testing within the 12 months preceding the first day of classes. SEE SECTION C

Student Signature X _____ Date: _____

Afghanistan
Algeria
Angola
Argentina
Armenia
Azerbaijan
Bahrain
Bangladesh
Belarus
Belize
Benin
Bhutan
Bolivia
Bosnia and Herzegovina
Botswana
Brazil
Brunei Darussalam
Bulgaria
Burkina Faso
Burundi
Cabo Verde
Cambodia
Cameroon
Central African Republic
Chad
China
Colombia
Comoros
Congo
Côte d'Ivoire
Democratic People's Republic of Korea
Democratic Republic of the Congo
Djibouti
Dominican Republic
Ecuador

El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Fiji
Gabon
Gambia
Georgia
Ghana
Guatemala
Guam
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Iran (Islamic Republic of)
Iraq
Japan
Kazakhstan
Kenya
Kiribati
Kuwait
Kyrgyzstan
Lao People's Democratic Republic
Latvia
Lesotho
Liberia
Libya
Lithuania
Madagascar
Malawi

Malaysia
Maldives
Mali
Marshall Islands
Mauritania
Mauritius
Mexico
Micronesia (Federated States of)
Mongolia
Morocco
Mozambique
Myanmar
Namibia
Nauru
Nepal
Nicaragua
Niger
Nigeria
Niue
Pakistan
Palau
South Sudan
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Republic of Korea
Republic of Moldova
Romania
Russian Federation
Rwanda

Saint Vincent and the Grenadines
Sao Tome and Principe
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Solomon Islands
Somalia
South Africa
Sri Lanka
Sudan
Suriname
Swaziland
Tajikistan
Taiwan
Thailand
Timor-Leste
Togo
Trinidad and Tobago
Tunisia
Turkey
Turkmenistan
Tuvalu
Uganda
Ukraine
United Republic of Tanzania
Uruguay
Uzbekistan
Vanuatu
Venezuela (Bolivarian Republic of)
Viet Nam
Yemen
Zambia
Zimbabwe

SECTION C: MUST BE COMPLETED AND SIGNED by a doctor's office, clinic or health department. If the answer is yes to any of the questions in SECTION A, tuberculosis testing is REQUIRED. ALL TESTING (CXR/TST/IGRA) MUST BE COMPLETED IN THE U.S. WITHIN THE 12 MONTHS PRECEDING THE FIRST DAY OF CLASSES! For students who have received the BCG vaccine, an IGRA, either QuantiFERON TB Gold (QFT-G) or T-Spot, is preferred. If a student has recently received a live virus vaccine, TB testing should be delayed for 4 weeks. If TST or IGRA is positive, a Chest x-ray is **REQUIRED**. Anyone with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication.

Tuberculin Skin Test Date placed: _____ Date read: _____ # of mm induration (recorded as actual millimeters) _____ mm **OR**

QFT-G Date: _____ Result: _____ OR T-Spot Date: _____ Result: _____ (MUST ATTACH IGRA LAB REPORT)

Date of Chest X-ray: _____ Result: _____ (MUST ATTACH RADIOLOGY REPORT)

Provider Name (print): _____ Office Phone #: _____

Provider Signature: _____ Date: _____

Mail OR fax to: Duke University Student Health Center, Attention: Immunization Department, DUMC Box 2899, Durham, NC 27710 OR Fax to 1.919.681.7386