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 required by law. In addition to the state required immunizations, to promote the health of our students and to minimize the potential for transmission of communicable diseases within our community, immunization requirements differ for Health Science and Undergraduate students. For additional information review the immunization compliance section of our website at http://studentaffairs.duke.edu/studenthealth/immunization-compliance.

The general deadline for submission of the Mandatory Immunization Requirements Form, TB Screening Questionnaire and online Health History Forms is June 15th. Students will be WITHDRAWN FROM THE UNIVERSITY 30 days after classes begin if the Mandatory Immunization and TB requirements have not been met.

All incoming students must be screened for Tuberculosis 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. ALL TESTING (CXR/TST/IGRA) MUST BE COMPLETED IN THE UNITED STATES. TESTING DONE OUTSIDE OF THE UNITED STATES WILL NOT BE ACCEPTED! 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 you cannot provide the results of a TB screening test, do not have a current TB screening test (within the 12 months), or if your current test was not done in a United States facility, please call 1.919.681.9355 to schedule an appointment at Duke Student Health Services (SHS). If a student has recently received a live virus vaccine, TB testing should be delayed for 4 weeks. You must be enrolled in an acceptable insurance plan to have insurance coverage. Otherwise, please wait until you have insurance coverage.

International Students: If you are coming from a high-incidence TB area, testing must be done at Duke SHS.

DO NOT WAIT! Late, incomplete or inaccurate information may delay registration. 

Please read these instructions carefully! Your information will be reviewed by SHS staff. Immunization records are processed in order of receipt. You will be notified of compliance via secure message or if additional information is needed.

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 heart entitled) “Student Health Gateway” http://studentaffairs.duke.edu/studenthealth using your Net ID and password, verify your identity by entering your date of birth, then Click the “Forms” tab on the left menu bar 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: Submit the completed Mandatory Immunization Requirements Form and TB Screening Questionnaire via:

Fax: 1.919.681.7386  Email: immunizationrecords@studentaffairs.duke.edu  OR

Postal Mail: Duke Student Health Services
Attn: Immunization Department
DUMC Box 2899, Durham, NC 27710

IMPORTANT! You MUST enter your Immunization and TB history online via the STUDENT HEALTH GATEWAY before you fax or mail your completed forms. PLEASE KEEP A COPY OF YOUR IMMUNIZATION RECORDS! Should anything be amiss, you can easily refer to what was sent to SHS!

It may take up to 30 days for Duke SHS staff to verify your information.
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 (check all that apply) ❑ Undergraduate ❑ Graduate ❑ Professional ❑ On-Campus ❑ Off-Campus ❑ Part-time ❑ Full-time

DO NOT SEND IMMUNIZATION RECORDS; USE THIS FORM ONLY!

Form MUST BE COMPLETED AND SIGNED by a doctor’s office, clinic or health department.

Tetanus/diphtheria toxoid (DT/DTaP/DTP/Td) 2 doses and a Tdap Booster REQUIRED for ALL: 3 total doses are required, one dose must be given within the past 10 years.Td is a different vaccine, and does not substitute for Tdap. Tdap has two contraindications. The contraindications are (1) an anaphylactic reaction to a prior dose of the vaccine or any of its components and (2) encephalopathy within 7 days of a previous dose of DTaP or DTP; Td booster will be accepted in place of Tdap only if the pertussis component is medically contraindicated (explanation from provider must be attached). Titters are NOT accepted in lieu of vaccine. Tdap became available in the U.S. June 2005.

DTaP/ DTP/ DT/ Td _____/_____ , _____/_____ , _____/_____ Tdap booster REQUIRED (Boostrix or Adacel) _____/_____  

MMR (Measles, Mumps, Rubella) 2 doses REQUIRED for ALL: Both doses must be given at least 28 days apart and after 12 months of age. If given as single antigen vaccine, you must have 2 Measles (Rubella), 2 Mumps and 1 Rubella (German Measles) 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.

<table>
<thead>
<tr>
<th>MMR #1 <strong><strong><strong>/</strong></strong>_/</strong>___</th>
<th>MMR #2 <strong><strong><strong>/</strong></strong>_/</strong>___</th>
<th>OR list single antigen vaccines below</th>
</tr>
</thead>
</table>
| Measles #1 ______/_____/_____, Measles #2 ______/_____/_____, Mumps #1 ______/_____/_____, Mumps #2 ______/_____/_____, Rubella #1 ______/_____/_____

Polio 4 doses REQUIRED FOR STUDENTS < AGE 18: #1 ______/_____/_____, #2 ______/_____/_____, #3 ______/_____/_____, #4 ______/_____/_____  

Hepatitis B Series 3 doses REQUIRED FOR UNDERGRADUATES: 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.

#1 ______/_____/_____, #2 ______/_____/_____, #3 ______/_____/_____ OR (two-dose schedule aged 11-15 years) #1 ______/_____/_____, #2 ______/_____/_____  

OR given as Twinrix (Hep B/Hep A Combo) #1 ______/_____/_____, #2 ______/_____/_____, #3 ______/_____/_____  

Meningococcal vaccine (Menactra, Menevo, Menomune, MPSV4, MCV4) REQUIRED FOR UNDERGRADUATES: Booster dose is required if the initial dose was given before the age of 16. If the initial dose was given at age 16 or older, no booster dose is required.

Meningococcal vaccine GIVEN ON OR AFTER AGE 16 ______/_____/_____  

Recommended Vaccines (not required):

Varicella Vaccine #1 ______/_____/_____, #2 ______/_____/_____, Chickenpox Illness ______/_____/_____ Pneumococcal Vaccine ______/_____/_____  

Gardasil #1 ______/_____/_____, #2 ______/_____/_____, #3 ______/_____/_____  

Cervarix #1 ______/_____/_____, #2 ______/_____/_____, #3 ______/_____/_____  

Travel Vaccines (not required): Hepatitis A #1 ______/_____/_____, #2 ______/_____/_____ Yellow Fever ______/_____/_____  

Rabies #1 ______/_____/_____, #2 ______/_____/_____, #3 ______/_____/_____, #4 ______/_____/_____ Polio Booster ______/_____/_____  

RIXARO #1 ______/_____/_____, #2 ______/_____/_____ Typhoid (IM) ______/_____/_____ Typhoid (Oral) ______/_____/_____  

Official stamp AND a authorized signature from a MD, DO, PA, NP, RN or LPN must appear on this form or it will not be accepted.

Provider Name (print): ___________________________ Title: __________ Phone #: ___________________________

Provider Signature: ___________________________ Date: ________/______/_______

Address/Official Stamp Here:

Mail, fax or Email to: Duke Student Health Services, Attention: Immunization Department, DUMC Box 2899, Durham, NC 27710  
Fax to 1.919.681.7586 Email to immunizationrecords@studentaffairs.duke.edu

IMPORTANT! KEEP A COPY OF THIS PAGE AND ALL LAB/CHEST X-RAY REPORTS FOR YOUR RECORDS.
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 (check all that apply) ☐ Undergraduate ☐ Graduate ☐ Professional ☐ On-Campus ☐ Off-Campus ☐ Part-time ☐ Full-time

All new students are required to complete Sections A and B and submit this mandatory screening questionnaire along with the completed immunization requirements form. If you fail to submit this questionnaire, TB testing will automatically be REQUIRED! ***International Students you must complete Sections A and B and submit form along with the mandatory immunization requirements form; Section C will be completed by Duke Student Health Services once you arrive.

SECTION A: Tuberculosis (TB) Exposure Risk

1. 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 automatically be REQUIRED)

2. Do any of the following conditions or do any of the following situations apply to you?
   a) Have you ever lived with or been in close contact to a person known or suspected of being sick with TB? YES ☐ NO ☐
   b) Have you ever lived, worked or volunteered in any homeless shelter, prison/jail or healthcare facility? YES ☐ NO ☐
   c) 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 SHS requires that TB testing be done within the 12 months preceding the first day of classes; SEE SECTION C

Student Signature: __________________________ Date: __________________________

SECTION C: MUST BE COMPLETED AND SIGNED by a doctor’s office, clinic or health department. ALL TESTING (CXR/TST/IGRA) MUST BE COMPLETED IN THE UNITED STATES WITHIN THE 12 MONTHS PRECEDING THE FIRST DAY OF CLASSES! Students who have received the BCG vaccine, an IGRA, either Quantiferon (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 recommended treatment for latent TB.

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

QFT Date: ______/____/_____ Result: _______________ OR T-Spot Date: ______/____/_____ Result: _______________ (MUST ATTACH IGRA LAB REPORT)

Date of Chest x-ray (CXR): ______/____/_____ Result: _______________ (MUST ATTACH RADIOLOGY REPORT)

Provider Name (print): __________________________ Title: __________________________ Office Phone #: __________________________

Provider Signature: __________________________ Date: ______/____/_____