

University of North Carolina School of the Arts- Required Form

**PHYSICAL EXAMINATION** (Please print in black ink) To be completed and **signed** by non-relative medical provider (MD, PA, and/or NP) and **verified** with clinic stamp

Last Name			First Name			Middle Name			Date of Birth (mo/day/year)		
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Permanent Address				City		State		Zip Code		Area Code/Phone Number	
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Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ TPR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_

Are there abnormalities?	Normal	Abnormal	DESCRIPTION (attach additional sheets if necessary)
1. Head, Ears, Nose, Throat			
2. Eyes			
3. Respiratory			
4. Cardiovascular			
5. Gastrointestinal			
6. Hernia			
7. Genitourinary			
8. Musculoskeletal			
9. Metabolic/Endocrine			
10. Neuropsychiatric			
11. Skin			
12. Mammary			

A. Is there loss or seriously impaired function of any organs? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Explain \_\_\_\_\_

B. Is student under treatment for any medical or emotional condition? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Explain \_\_\_\_\_

C. Is student physically and emotionally healthy? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Explain \_\_\_\_\_

D. Recommendation for physical activity (physical education, intramurals, etc.) Unlimited \_\_\_\_\_ Limited \_\_\_\_\_  
 Explain \_\_\_\_\_

**Our dance program is physically intensive program with students expected to dance an average of 5-6 hours a day. Other programs are physically demanding.**

E. Can the student actively partipate in all classes without restriction? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If NO, what is the student actively not cleared for (ex: no lifting, no pointe work, no jumping, dance only to pain tolerance)?

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Physician comments, recommendations, and review of history: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner

Date

Print Name of Physician/Physician Assistant/Nurse Practitioner

Area Code/Phone Number

Office Address

Zip Code

# University Of North Carolina School of the Arts

## IMMUNIZATION RECORDS INSTRUCTIONS

**IMPORTANT:** North Carolina General Statute 130A-155.1 requires documentation of certain immunizations for students attending a North Carolina college or university. Students must submit certification of these immunizations **prior to registration**. (<http://www.immunize.nc.gov/schools/ncruleslaws.htm>)

Per North Carolina state law, failure to submit required immunizations to Health Services within 30 calendar days from the date of the student's first registration, requires UNCSA to withdraw a student from all classes. All immunizations must be submitted in, or translated to English, and in a MM/DD/YYYY format.

**Please Keep a Copy for Your Records.**

Acceptable Records of your Immunizations may be obtained from any of the following:

- High School Records – These may contain some, but not all of your immunization information. **Your immunization records do not transfer automatically. You must request a copy.**
- Personal Shot Records – Must be verified by a doctor's stamp or signature or by a clinic or health department stamp.
- Local Health Department
- Military Records of WHO (World Health Organization Documents) - These records may not contain all of the required immunizations.
- Previous College or University – **Your immunization records do not transfer automatically. You must request a copy.**

**SECTION A:**

**COLLEGE/UNIVERSITY VACCINES AND NUMBER OF DOSES REQUIRED**

(For further information: <http://www.immunize.nc.gov/schools/collegesuniversities.htm>)

VACCINE REQUIRED	Diphtheria, Tetanus, and/or Pertussis	Hepatitis B	MMR (Mumps, Measles and Rubella)	Meningococcal Conjugate	Polio	Varicella
DOSES REQUIRED	<b>3</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>1</b>

**Diphtheria, tetanus and pertussis (DTP, Td, or Tdap)-** Individuals entering college or university for the first time on or after July 1, 2008 must have had three doses of tetanus/diphtheria toxoid; one of which must be tetanus/diphtheria/pertussis (Tdap) **and must have been within the past 10 years.**

**Hepatitis B-** Individuals 18 years of age and older previously unvaccinated or those with an incomplete vaccine history who subsequently receive two doses of Heplisav-B vaccine administered at least four weeks apart, meet the immunization dosage requirement for Hepatitis B Vaccine and may attend college. Not required if an individual was born before July 1, 1994.

**Measles-** The requirement for a second dose does not apply to individuals who entered school, college or university for the first time before July 1, 1994. A person who has been diagnosed prior to January 1, 1994 by a physician (or designee such as a nurse practitioner or physician's assistant) as having measles (rubeola) or an individual who has been documented by serological testing to have a protective antibody titer against measles is not required to receive measles vaccine. Individuals born before 1957 are not required to receive measles vaccine except in measles outbreak situations.

**Mumps-** Mumps vaccine is not required if any of the following occur: An individual who has been documented by serological testing to have a protective antibody titer against mumps and **submits the lab report**; An individual born prior to 1957; or Enrolled in college or university for the first time before July 1, 1994. An individual entering college or university prior to July 1, 2008 is not required to receive a second dose of mumps vaccine.

**Rubella-** Rubella vaccine is not required if any of the following occur: 50 years of age or older; Enrolled in college or university before February 1, 1989 and after their 30th birthday; An individual who has been documented by serological testing to have a protective antibody titer against rubella and **submits the lab report**.

**Meningococcal Conjugate -** Individuals born after on or after January 1, 2003 are required to be vaccinated with two doses of meningococcal conjugate vaccine. The first dose is required for individuals entering the seventh grade or by 12 years of age, whichever comes first, on or after July 1, 2015. A booster dose is required for individuals entering the 12th grade or by 17 years of age, whichever comes first. **North Carolina House Bill 825 requires public and private institutions with on-campus residents to provide information about meningococcal disease. In the forms section in the Online Health Service Portal you will find information regarding meningococcal disease, including recommendations from the Centers for Disease Control of the U.S. Public Health Service.**

**Polio-** An individual attending school who has attained their 18th birthday is not required to receive polio vaccine.

**Varicella-** Individuals born on or after April 1, 2001 are required to be vaccinated with at least one dose of varicella vaccine. In lieu of the vaccine, students can provide laboratory confirmation of varicella disease immunity, documented serological testing for a protective antibody titer, or documentation from a physician, nurse practitioner, or physician's assistant verifying history of the disease. The documentation shall include the name of the individual with a history of varicella disease, the approximate date or age of infection, and a healthcare provider signature. Individuals born before April 1, 2001 are not required to receive varicella vaccine.

**INTERNATIONAL STUDENTS and/or non-US Citizens:** Vaccines are required as noted. Additionally, these students are required to have a TB skin test (PPD or TST) that has been administered and read at an United States facility within 12 months prior to the first day of class. (Chest x-ray required if test is positive). A TB blood test (T-spot, QuantiFERON® Gold is also accepted that is performed and read at an United States facility.

**SECTION B: These vaccines are RECOMMENDED.**

# IMMUNIZATION RECORD

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth</b>

Please print in black ink. To be completed and signed by physician or clinic. A complete official immunization record from a physician or clinic may be attached to this form. **Student to confirm identifying information above is complete before submission.**

SECTION A Required Immunization	mo/day/year	mo/day/year	mo/day/year	mo/day/year
DTP or Td or Tdap	(#1)	(#2)	(#3)	(#4)
<b>Tdap booster (within past 10 years)</b>				
Td booster				
Hepatitis B (Required if born 7/1/1994 or after)	(#1)	(#2)	(#3)	anti-HBs Date/Result
MMR (after first birthday) Mumps, Measles and Rubella	(#1)	(#2)	(OR) ** Disease Date	Titer Date & Result SUBMIT LABORATORY REPORT
Meningococcal conjugate (Meningitis) (Required if born 1/1/2003 or after)	(#1)	(#2)		
Polio	(#1)	(#2)	(#3)	
Varicella (chicken pox) one dose, history of disease, or immunity by positive blood titer	(#1)		Disease Date	****Titer Date & Result

The following immunizations are recommended for all students but NOT required.

SECTION B Recommended Immunizations	mo/day/year	mo/day/year	mo/day/year	mo/day/year
Influenza (flu)				
COVID-19				
Hepatitis A/B combination series				
Tuberculin Skin Test (PPD) Date read (within 12 months) Report result in mm induration				
Chest X-Ray, if positive PPD Date Results				
Treatment if applicable Date				
SECTION C Optional Immunizations	mo/day/year	mo/day/year	mo/day/year	
Haemophilus influenzae type b				
Pneumococcal				
Hepatitis A series only				
HPV (Gardasil)				
Other				

### Signature or Clinic Stamp REQUIRED :

_____ Signature of Physician/Physician Assistant/Nurse Practitioner	_____ Date		
_____ Print Name of Physician/Physician Assistant/Nurse Practitioner	_____ Phone number		
_____ Office Address	_____ City	_____ State	_____ Zip Code

\*\* Must repeat Rubella (measles) vaccine if received more than 4 days 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 is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician, is not acceptable.

\*\*\*\* Lab Report must be submitted from United States facility.