



Enrollment Requirements

New incoming students are required to:

1. Provide a valid record of immunizations as explained below
AND
2. Fill out a [Report of Medical History health form](#) by logging in to myPIRATEchart with their Pirate ID and password

Please note: a physical exam is not required for enrollment at ECU.

North Carolina G.S. 130A-155.1 requires persons attending a college or university, whether public, private or religious, to present a Certificate of Immunization or a record of immunization from a high school. Students taking five or more credit hours on campus must meet the [North Carolina State Law Immunization requirements](#) below:

College/University Vaccine Requirements and Number of Doses

Vaccine Required	Tetanus, Diphtheria and/or Pertussis Tdap ¹	Diphtheria, Tetanus and/or Pertussis ¹	Polio ²	Measles ³	Mumps ⁴	Rubella ⁵	Hepatitis B ⁶ (if born on/after July 1, 1994)	Varicella ⁷ (if born on/after April 1, 2001)
Doses Required	1	2	3	2	2	1	3	1

Footnote¹ - DTP (Diphtheria, Tetanus, and Pertussis), DTaP (Diphtheria, Tetanus, Acellular Pertussis), Td (Tetanus, Diphtheria), Tdap (Tetanus, Diphtheria Pertussis): 3 doses of tetanus/diphtheria toxoid of which one must have been within the past 10 years.

Those individuals enrolling in a college or university for the first time on or after July 1, 2008, must receive a tetanus/diphtheria/Pertussis (Tdap) vaccine if one has not been administered within the past 10 years.

Footnote² An individual attending school who has attained his or her 18th birthday is not required to receive polio vaccine.

Footnote³- 1st dose must be on or after an individual's 1st birthday. Measles vaccines are not required if any of the following occur: Physician diagnosis of disease prior to January 1, 1994; an individual who has been documented by serological testing to have a protective antibody titer against measles and submits the lab report; or an individual born prior to 1957. An individual who enrolled in college or university for the first time before July 1, 1994, is not required to have a second dose of measles vaccine.

Footnote⁴- 1st dose must be on or after an individual's 1st birthday. 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.

Footnote⁵- 1st dose must be on or after an individual's 1st birthday. 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.

Footnote⁶- Hepatitis B vaccine is not required if born before July 1, 1994. Serological testing to document protective antibody titer against Hepatitis B is NOT acceptable.



Footnote⁷ – Varicella: One dose or proof of laboratory confirmation of varicella disease immunity. Varicella vaccine or proof of immunity is not required if an individual was born before April 1, 2001.

INTERNATIONAL STUDENTS and/or non-US Citizens: Vaccines are required as noted above. **Additionally**, these students are required to have a Tuberculin (TB) skin test or blood test for TB* with a negative result within the 12 months preceding the first day of classes (chest x-ray required if test is positive). The TB skin test or blood test for TB* **must be performed in a United States facility**. Please note: ECU Student Health Services only administers the blood test for TB* for enrollment requirements.

**QuantiFERON®-TB Gold (QFT-G; Cellestis, Ltd., Carnegie, Australia) and T-Spot® are FDA approved blood tests for the detection of tuberculosis (TB) infection.*

If students do not meet immunization requirements, dismissal from school is mandatory under North Carolina law.

If you have not submitted your immunizations or are missing necessary vaccinations, you have a minimal amount of time to complete requirements. Immunizations for enrollment should be obtained prior to coming to ECU at a local physician's office, health department, medical office or urgent care center.

Recommended Immunizations

North Carolina law requires individuals attending college or universities to receive certain vaccines. But in order to be fully protected from vaccine-preventable diseases, individuals should receive all immunizations recommended by the Centers for Disease Control and Prevention (CDC). Vaccines to protect against the flu, meningitis, HPV and others are available.

The following immunizations are recommended for college students, but not required:

- **Meningococcal Disease**
- Pneumococcal Disease
- HPV
- Influenza
- Hepatitis A

The immunizations listed above can be obtained at a local physician's office, health department, medical office, urgent care center, or they are available by appointment at ECU Student Health Services.

For information on where to obtain your records, how to fill out the forms or ways to send them to Student Health, visit our [Submitting Records page](#).

Need a form to take to your doctor so he/she can fill out your immunization history? Download and print our [Immunization Record](#).

Ready to fill out your required online Report of Medical History? Visit [Online Student Health](#), and login with your ECU PirateID and password. You will see a link on the left hand menu to fill out your medical history. Please disable your pop up blocker or the form may not display or submit properly. We recommend using a desktop or PC to fill out the form rather than a tablet device.

Questions? Visit our [FAQ's](#), e-mail the immunization department, immunizations@ecu.edu, or call (252) 328-6841, option 2.

EAST CAROLINA UNIVERSITY - IMMUNIZATION RECORD				
Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY)	Banner ID# (BID)

SECTION A REQUIRED IMMUNIZATIONS

All students must submit documentation of 3 DTP, Td or Tdap vaccines regardless of age. One MUST be a Tdap.				
Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
DTaP/DTP/Td (Diphtheria/Tetanus/Pertussis or Tetanus/Diphtheria Toxoid)				
Tdap booster (All Students MUST show proof of a Tdap booster)				
Polio (3 doses, only required if 17 years of age or younger)				
MMR (Measles, Mumps, Rubella – 2 MMR vaccines required on or after first birthday OR 2 Measles, 2 Mumps and 1 Rubella single doses OR positive Measles, Mumps, Rubella titers)				
Measles (2 required on or after first birthday OR positive titer OR documented disease date)			Disease Date	**Titer Date & Result
Mumps (2 required on or after first birthday OR positive titer)			(Disease Date NOT Accepted)	**Titer Date & Result
Rubella (1 required on or after first birthday OR positive titer)			(Disease Date NOT Accepted)	**Titer Date & Result
Hepatitis B Series (only required if born after July 1, 1994)	Titer NOT Accepted for required Hepatitis B Series			
Engerix-B (3 doses required) OR				
Heplisav-B (2 doses required)				
Varicella (1 dose, documentation of disease date or positive titer)			Disease Date	**Titer Date & Result

SECTION B RECOMMENDED IMMUNIZATIONS

Immunization Name	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Meningococcal (ACWY)				
Meningococcal B				
Bexsero OR				
Trumenba				
Hepatitis A				
Hepatitis A/B combination series (Twinrix)				
Pneumococcal				
Human Papillomavirus (HPV)	Cervarix			
	Gardasil			
	Gardasil-9			
Tuberculin Skin Test (TST)	Date Read			
	mm induration	mm	mm	mm
	Date of IGRA (QuantiFERON or T-SPOT) test			**Chest X-ray Date
	Result of IGRA test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	**Chest X-ray Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative

** Must attach a copy of all laboratory and Chest X-ray results

Signature and Credentials of Health Care Provider

Date

Printed Name and Credentials of Health Care Provider

Area Code/Phone Number

Office Address

City

State

Zip Code