



CAMPBELL

UNIVERSITY

COLLEGE OF PHARMACY & HEALTH SCIENCES

CAMPBELL UNIVERSITY
Doctor of Pharmacy Program
Required Immunizations

This is required information

North Carolina law requires documentation of immunizations to be on file with the Health Center 30 days prior to the first day of class. The health center uses Magnus to track this documentation. Failure to comply with this requirement will result in **WITHDRAWAL** from the university.

The use of this specific form is NOT required, however, it can be taken to your physician so that all documentation can be maintained on one form and uploaded to Magnus. You will be required to upload all immunizations to Magnus. Magnus information sent from Kim Dunn. To start your Magnus account go to: <http://magnushealth.com/cucphs/> and use the Tracker PharmD Class of 2020.



REQUIRED IMMUNIZATIONS

Guidelines for Completing Immunization Record:

- ✓ **IMPORTANT** – The immunization requirements must be met, or according to NC law, you will be withdrawn from classes without credit.
- ✓ **Due to early clinical experiences beginning in the summer semester for PharmD students, ALL IMMUNIZATIONS must be complete BY THE START OF THE PHARMD PROGRAM – August 8, 2016.**

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.
 - Campbell University Undergraduate Student records – Contact Student Health for help, if needed, at 910-893-1506. 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 or WHO (World Health Organization Documents)
 - Previous College or University – Your immunization records do not transfer automatically. You must request a copy.
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- ✓ If using this for Magnus upload, the bottom of page 4 must be stamped with the clinic stamp & signed by your health care provider.
 - ✓ TB Skin Test— must be done within or prior to 30 days of starting classes (After June 8, 2016, but prior to August 8, 2016).
 - If you have had a positive TB skin test in the past, you will be required to submit results/reading of a chest x-ray.
 - ✓ For the Varicella requirements:
 - If you have NEVER had a disease caused by varicella, then you must have the 2 dose immunization series.

- If you have had a disease caused by varicella, you must have a titer drawn (numeric value MUST be recorded) and documented results submitted. If the titer is negative (too low), you will need to complete the 2 dose immunization series.
- **Please note:** Physician diagnosis of varicella disease is not acceptable.



- ✓ **Additional Requirements Provided at Campbell University during the first semester of classes**
 - **CPR Certification**
 - **Seasonal Flu Shot**
 - **Immunization Certification**
- ✓ **Additional Requirements**
 - **Urine Drug Screen (UDS) through PharmCAS and Certiphi Application Station**
 - **Criminal Background Check (CBC) through PharmCAS and Certiphi Application Station**

Reminder:

- The records must be in black ink.
- The dates of the vaccine administration must include the *month & year at a minimum.*
- **Keep a copy of the completed forms for your records!**

What CAMPBELL UNIVERSITY Will Provide:

1. Seasonal Flu Vaccines, CPR and Immunization Certification will be done once you are a student at Campbell.

Please direct questions to:

Kim Dunn Director of Enrollment Management

dunk@campbell.edu

910-978-1689



Doctor of Pharmacy Program

Last Name _____ First Name _____ Middle Initial _____ DOB _____

IMMUNIZATION RECORD

Requirement	Specifics	Date of Immunization(s) (month/day/year)
DTP	3-4 doses	1 st : 2 nd : 3 rd : 4 th :
Tdap	1 time Adult dose of Tdap	
Polio	Complete IPV or OPV series (3-4 doses)	1 st : 2 nd : 3 rd : 4 th :
MMR	2 doses	1 st : 2 nd :
Hepatitis A series	2 dose series	1 st : 2 nd :
Hepatitis B series	3 dose series	1 st : 2 nd : 3 rd :
Varicella	2 dose series OR <u>positive titer (attach copy of lab report showing numeric titer value)</u>	1 st : 2 nd : OR Titer results: _____ (Units) Date:
TB Skin Test	Results TB skin test Upon entry (must be done between July 8, 2016 and August 8, 2016) **if + TB skin test in the past, you must also upload x-ray report.	Date: Result:

Clinic Stamp REQUIRED

Signature of Physician/Physician Assistant/Nurse Practitioner

Date

Printed Name of Physician/Physician Assistant/Nurse Practitioner

Phone number

Fax Number

Office Address

City

State

Zip Code