

North Carolina Immunization Program Annual College Immunization Report 2020-2021 Worksheet

Please complete the following questions, in accordance with North Carolina § 130A-155.1(c).

| 1. | County: | | | | |
|-----|--|--|----------------|--|--|
| 2. | College/University Type (select one): | | | | |
| | 0 | Public | | | |
| | 0 | Private Independent | | | |
| | 0 | Private Religious | | | |
| | 0 | Other – Write-in (Required, no abbreviations) | | | |
| 3. | Colleg | ge/University Name: | | | |
| 4. | Stree | Address: | | | |
| 5. | City: | | | | |
| 6. | Zip Code: | | | | |
| 7. | Phone Number (including area code): | | | | |
| 8. | Healt | n Services Director Name: | | | |
| 9. | Healt | n Services Director Email Address: | | | |
| 10. | 10. Name of person completing this report: | | | | |
| 11. | 11. Title of person completing this report: | | | | |
| 12. | Email | address of person competing this report: | | | |
| 13. | 13. Does your school have any new undergraduate or graduate students enrolled for the 2020-2021 school | | | | |
| | year? | | | | |
| | 0 | Yes | | | |
| | 0 | No (selecting this answer will end your immunization report) | | | |
| 14. | Offici | al School Start Date: | / <u>/2020</u> | | |
| 15. | . Total number of new undergraduate and graduate students in attendance for the 2020-2021 school | | | | |
| | year: | | | | |

16. Immunization Summary (please complete questions a-d):

NUMBERS REPORTED BELOW SHOULD BE BASED ON CALENDAR DAY 30. PURSUANT TO EXECUTIVE ORDER 172, THE 30-DAY GRACE PERIOD ENDS ON 12/30/2020 FOR ALL STUDENTS WHOSE FIRST DAY OF ATTENDANCE IS ON OR BEFORE 12/1/2020 FOR THE 2020-2021 SCHOOL YEAR.

| a. How many students had a valid <u>medical exemption</u> on file? | |
|---|--|
| b. How many students had a valid <u>religious exemption</u> on file? | |
| c. How many students had * obtained the required immunizations for college or university attendance? | |
| *This includes students that received the required immunizations as well as those with documentation of proof of immunity to measles, mumps, rubella, and/or varicella. | |
| Do not include students with a medical or religious exemption. | |
| d. How many students | |