



## North Carolina Immunization Program Annual College Immunization Report 2025-2026 Worksheet

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

1. County:
2. College/University Type (select one):
  - ☐ Public
  - ☐ Private Independent
  - ☐ Private Religious
  - ☐ Other – Write-in (Required, no abbreviations)
3. College/University Name:
4. Street Address:
5. City:
6. Zip Code:
7. Phone Number (including area code):
8. Health Services Director Name:
9. Health Services Director Email Address:
10. Name of person completing this report:
11. Title of person completing this report:
12. Email address of person completing this report:
13. Does your school have any new undergraduate or graduate students enrolled for the 2024-2025 school year?
  - ☐ Yes
  - ☐ No (selecting this answer will end your immunization report)
14. Official School Start Date:  /  / 2025
15. Total number of new undergraduate and graduate students in attendance for the 2025-2026 school year:

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

**NUMBERS REPORTED BELOW SHOULD BE BASED ON CALENDAR DAY 30 FOLLOWING THE EXTENDED GRACE PERIOD**

|                                                                                                                                                                                                                                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| a. How many students had a valid <b><u>medical exemption</u></b> on file?                                                                                                                                                                                                                                                                                                                   |  |
| b. How many students had a valid <b><u>religious exemption</u></b> on file?                                                                                                                                                                                                                                                                                                                 |  |
| <p>c. How many students <b><u>had</u></b>* obtained the required immunizations for college or university attendance?</p> <p><i>*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.</i></p> <p><u>Do not include students with a medical or religious exemption.</u></p> |  |
| <p>d. How many students <b><u>had not</u></b>** obtained the required immunizations for college or university attendance?</p> <p><i>**This includes students with no record on file as well as students missing documentation of one or more of the required vaccines.</i></p> <p><u>Do not include students with a medical or religious exemption.</u></p>                                 |  |
| <p><b>e. TOTAL NUMBER OF STUDENTS REVIEWED (a+b+c+d):</b></p> <p><i>Note: Sum must equal number in attendance reported in #15.</i></p>                                                                                                                                                                                                                                                      |  |