

**Immunization Certification Form
for
Minors on UNC-CH Campus**

The following immunizations coincide with N.C. law for school enrollment. Proof of the following immunizations are to be provided to the program as requested and will be made available to Orange County Officials, UNC-CH Officials, or their designee in the event of an outbreak or threat of an outbreak.

Immunization	Date of Immunization
*DTP/DTaP/DT	
**dT/TdaP	
*Polio (IPV/OPV)	
***HiB	
****Hepatitis B	
*MMR (combined doses)	
*****Chicken Pox	
**Meningococcal	

*Required by NC State Law
 ** Required by State Law if child is 12 years old or older
 *** Required by State Law for children born on or after 10/1/88
 **** Required by State Law for children born on or after 7/1/94
 *****Required by State Law for children born on or after 4/1/1

My signature indicates that the above information is true and all documentation has been provided to _____ .
 (name of program)

 Signature of Parent

 Date