

Schiffert Health Center (0140) 895 Washington Street, SW Blacksburg, Virginia 24061 540/231-6444 Fax: 540/231-6900 or 540/231-7473 E-mail: medicalrecords@vt.edu

www.healthcenter.vt.edu

Dear New Virginia Tech Student:

Congratulations on your acceptance and decision to attend Virginia Tech. We at the Schiffert Health Center look forward to serving your health needs to ensure your academic success. To help us do so, we need information about your health status. Please complete and submit the following items to Schiffert Health Center AT LEAST ONE MONTH before your planned arrival at Virginia Tech.

Your health care provider must complete and sign this form. The form may be submitted by mail, fax, e-mail, electronic upload or dropped off at Schiffert Health Center:

Schiffert Health Center (0140) 895 Washington Street, SW Blacksburg, Virginia 24061 540/231-6444 Fax: 540/231-6900 or 540/231-7473 E-mail: health@vt.edu www.healthcenter.vt.edu

Please ensure you have completed all **required** sections listed below prior to submission. Schiffert Health Center offers a secure website **https://osh.healthcenter.vt.edu/** where you may upload and verify receipt of the form (allow 5 working days for data entry after anticipated receipt date) and view immunization data in case you are contacted about any deficiencies. You will be notified of any incomplete requirements by secure message. FAILURE TO RECEIVE ALL REQUIRED IMMUNIZATIONS AND TO PROVIDE THE UNIVERSITY WITH DOCUMENTATION WILL PREVENT YOU FROM REGISTERING FOR CLASSES FOR YOUR SECOND SEMESTER.

Please note the following requirements:

- 1. **Designated Emergency Contact(s):** May be your parent, guardian, spouse, or next-of-kin who could be of support to you, or assist with medical decision making in the event you are unable to speak for yourself.
- 2. **Consent for the Treatment of Minors:** To be completed by parents or legal guardians of students who will be under the age of 18 when arriving on campus.
- 3. **Exemptions to Immunizations**: On occasion, a student may elect to opt out of certain vaccine requirements based on their religious beliefs or medical reasons (TB testing is still required). The Medical Exemption can be found on page 1 of 4 of this packet. Please refer to our website **www.healthcenter.vt.edu** for a copy of the religious exemption form and directions for completion.
- 4. Medical Conditions: Complete and submit the online medical history at https://osh.healthcenter.vt.edu
- 5. **Certificate of Immunization & Tuberculosis Screening/Testing:** These must be completed by your healthcare provider. All students are required to have the tuberculosis screening completed.

Sincerely,

Kanitta Charoensiri, D.O., M.B.A. Director, Schiffert Health Center



INSTRUCTIONS FOR COMPLETING IMMUNIZATION INFORMATION

<u>Marking</u>: Please print using black ink. Read carefully and fill in all applicable information. All information regarding Immunization and Tuberculosis screening/testing must be in English.

Immunizations: To be completed and signed by a Health Care Provider

Required vaccinations/screening for all students:

- A. Tetanus Diphtheria-Pertussis: Primary series (DTap, DTP, DT or Td) plus booster within the last 10 years of fall entry or spring entry. Tdap is the preferred one time booster. Tdap may be given regardless of interval since last Td.
- **B. Measles, Mumps, Rubella (MMR):** Two doses of MMR or individual vaccines **of each required**, at least 4 weeks apart, given on or after the first birthday. Not required if born before 1957. Titers proving immunity are acceptable; please provide a copy of the report with the date(s) and result(s) of positive titer(s).
- **C. Polio:** Completed primary series is required. Please provide all dates as well as any boosters received since that date. A titer proving immunity is acceptable; please provide the date of a positive titer; please provide a copy of the report with the date and result of positive titer.
- **D. Hepatitis B:** Students must have documentation of a completed vaccination series. The Twinrix immunization series is an acceptable alternative, as is a titer proving immunity (please provide a copy of the report with the date and result of positive titer). Students may choose to sign a waiver for this immunization.
- **E. Meningococcal Vaccine:** For students younger than 22 years of age, one dose of vaccine required after age 16 or signed waiver. Meningitis B vaccines (Trumenba and Bexsero) do not meet this requirement.
- F. Tuberculosis Screening/Testing: "Tuberculosis Screening" (page 2) is required for <u>all students</u>. "Tuberculosis Testing" (page 3) is also required for students who answer "yes" to any question on page 2. All screening/testing must be completed on or after 3/1 (fall entry) or 7/1 (spring entry).

Recommended vaccinations for all students:

- **A.** Varicella (chicken pox): Two doses of vaccine, at least 4 weeks apart, are <u>strongly recommended</u> for all college students without other evidence of immunity (e.g. born in the U.S. before 1980, a history of disease, or a positive antibody).
- **B. Hepatitis A:** Either alone or in combination with Hepatitis B as Twinrix (combination of Hepatitis A & B). Entering this information in the Hepatitis B section and indicating Twinrix is sufficient documentation.
- **C. HPV Vaccine:** The three-shot series is recommended for all females ages 11-26 and males ages 11-21. It is also approved for males up to age 26 in certain situations, see CDC guidelines.
- **D. Neisseria meningitides (Meningitis) serogroup B vaccine:** Recommended for high risk students with a history of persistent complement component deficiencies or patients with anatomic or functional asplenia. May also be given to anyone 16-23 years old to provide short-term protection. This can be either a two or three shot series depending upon the vaccine (Trumenba or Bexsero). The same vaccine must be used for all doses.
- E. Influenza (Flu) vaccine: All students are strongly encouraged to receive seasonal influenza (flu) vaccine when it is available beginning in early fall. Schiffert Health Center will sponsor a flu clinic on campus in the fall to provide students with flu vaccine.



Division of Student Affairs

Certificate Of Immunization History

| Name: | | | // |
|--|---|---|--|
| Last | First | Middle | Month Day Year |
| University ID: | Telephone: | | Country of Origin: |
| Emergency Contact: (Parent/Guardian/Sp | ouse/Next-of-Kin) | | Term Entering: □ Fall □ Spring |
| Name: | Relationship t | o student: | |
| Last First Address: | Middle | | |
| No. & Street | City | State Zip/Post | al Code Country |
| Telephone:() To be completed and signed by a license | Work/Cell:() ed health care provider. Any attached do | cuments in a | Concert for the Treetment of Miners |
| language other than English must be trans | | | Consent for the Treatment of Minors (Students 17 years and younger) |
| R Tuberculosis Screening All students | regardless of enrollment status are require | ed to complete the | The Virginia Tech Schiffert Health Center has my |
| tuberculosis screening form on page 2. | | | permission to treat my minor child in the event of a medical emergency. Virginia Tech Schiffert Health |
| IMMUNIZATIONS | | | Center also has my permission to treat my child for routine medical care, including check-ups, |
| | 10074 | | immunizations, and/or treatment for minor injuries and |
| R Tetanus, diphtheria, pertussis (Tdap) within 10 yrs | OR Tetanus diphtheria (Td) within 10 yrs | / / | illnesses. |
| Hepatitis A ①// | ②// | | Signature of Parent/Legal Guardian Date |
| Hepatitis B ①// | ②// | OR titer indicating | Hepatitis B Vaccine Waiver (Review page 4 prior to signing) |
| R or Hep A/B ① / / | ② / / ③ / / | immunity. Must attach lab results. | I have read and reviewed information on the risk associated with hepatitis B disease, availability and |
| (Twinrix) | | OR signed waiver OR □ graduate student | effectiveness of any vaccine against hepatitis B disease |
| Human | | □ Gardasil | and I choose not to be vaccinated against hepatitis B disease. |
| Papillomavirus ①// | ②// | □ Cervarix | Signature of Student or Parent/Legal Guardian Date |
| Measles, mumps, rubella (MMR): Received after first birthday | / / © / / | OR titer(s) indicating positive immunity | Meningococcal Vaccine Waiver |
| OR | | Must attach lab | (Review page 4 prior to signing) |
| Measles (Rubeola): Mumps: | | results. | I have read and reviewed information on the risk associated with meningococcal disease, availability and |
| Rubella: | | | effectiveness of any vaccine against meningococcal disease and I choose not to be vaccinated against |
| Meningococcal R vaccine-students ①// | <pre>< 22 years of age</pre> <pre>② /</pre> | □ MCV4 given□ MPS4 given | meningococcal disease. |
| | OR waiver signed | - | Signature of Student or Parent/Legal Guardian Date |
| Meningitis B | ②/ ③/ | □ Bexsero □ Trumenba | |
| Other | / | | |
| Immunizations: (Name) | (Name) | , , | |
| (Name) | / (Name) / OR titer indicating | Must attach lab | |
| OPV | / | results. | |
| Varicella Date of disease: | OR vaccines | OR titer indicating | |
| (Chicken Pox) strongly// | ① / / ② / / | immunity. Must attach lab | |
| recommended | 2 doses, ≥ 1 mo. apart | results. | |
| R = Required | | | |
| SIGN HERE | | | |
| Health Care Provider or He | ealth Department Signature | | Date |
| Medical Exemption *Does not apply to | | | |
| As specified in the Code of Virginia §23-7.3, I cer specifically contraindicated because (please specifically c | | ed below would be detrime | ental to this student's health. The vaccine(s) is (are) |
| | • | BV:[]: Varicella:[]: Menino | gococcal:[] This contraindication is permanent:[] or |
| temporary [] and expected to preclude immuniza | | | |
| Circulation of Madii 12 11 71 11 2 | Official | | |
| Signature of Medical Provider/Health Department | t Official | Date | |



Division of Student Affairs

TUBERCULOSIS SCREENING

| Have you ever been a resident and/or employee in a high risk setting such as long-term care facilities, homeless shelters or correctional facilities? Have you been a resident and/or employee in a high risk setting such as long-term care facilities, homeless shelters or correctional facilities? Have you been a healthcare worker? Have you ever injected illegal drugs? Do you have signs or symptoms of active TB disease: unexplained fever, weight loss, loss of appetite, night sweats, persistent cough for more than 3 weeks, cough with production of bloody sputum? Do you have signs or symptoms of active TB disease: unexplained fever, weight loss, loss of appetite, night sweats, persistent cough for more than 3 weeks, cough with production of bloody sputum? Do you have signs or symptoms of active TB disease: unexplained fever, weight loss, loss of appetite, night sweats, persistent cough for more than 3 weeks, cough with production of bloody sputum? Do you have signs or symptoms of active TB disease: unexplained fever, weight loss, loss of appetite, night sweats, persistent cough for more than 3 weeks, cough with production of bloody sputum? Do you have signs or symptoms of active TB disease: unexplained fever, weight loss, loss of appetite, night sweats, persistent cough for more than 3 weeks, cough with production of bloody sputum? Pyes No No Yes No No Yes No No No No No No No N | me: | | | DOB: | University ID # | t: | |
|--|------|---|-------------------------------------|---------------------------------|----------------------------|--------------------------------|--|
| Have you ever been a close contact with persons known or suspected to have active TB disease? Yes No Have you been a resident and/or employee in a high risk setting such as long-term care facilities, homeless shelters or correctional facilities? Have you been a healthcare worker? Yes No Have you been a healthcare worker? Yes No Do you have signs or symptoms of active TB disease: unexplained fever, weight loss, loss of appetite, night sweats, persistent cough for more than 3 weeks, cough with production of bloody sputum? Do you have a clinical condition such as HIV, diabetes, cancer, kidney disease, silicosis, leukemia or lymphoma, chronic malabsorption syndromes, removal of part of your stomach or have been on prolonged corticosteroid or immunosuppressive therapy? Have you had frequent or prolonged visits* to one or more of the countries or territories listed below with a high prevalence of TB disease? If yes, which country? Have you lived in or visited another country where TB is common for 3 months or more, regardless of length of time in Yes No No No No No No No N | vidu | als who may be at ir | ncreased risk of tuberculosi | s disease. For more info | ormation, visit http://www | | |
| Have you been a resident and/or employee in a high risk setting such as long-term care facilities, homeless shelters or correctional facilities? Yes | 1. | Have you had a prior po | sitive TB test? (If yes, you must c | complete Page 3, Section C). | | □ Yes □ No | |
| Have you been a healthcare worker? | 2. | Have you ever been a close contact with persons known or suspected to have active TB disease? | | | | □ Yes □ No | |
| Do you have signs or symptoms of active TB disease: unexplained fever, weight loss, loss of appetite, night sweats, persistent cough for more than 3 weeks, cough with production of bloody sputum? Do you have a clinical condition such as HIV, diabetes, cancer, kidney disease, silicosis, leukemia or lymphoma, chronic malabsorption syndromes, removal of part of your stomach or have been on prolonged corticosteroid or immunosuppressive therapy? Have you had frequent or prolonged visits* to one or more of the countries or territories listed below with a high prevalence of TB disease? If yes, which country? Have you lived in or visited another country where TB is common for 3 months or more, regardless of length of time in the us?(If yes, please CIRCLE the country, below)? Algenia Algenia Comorbia Comorb | 3. | | | | | | |
| Do you have signs or symptoms of active TB disease: unexplained fever, weight loss, loss of appetite, night sweats, persistent cough for more than 3 weeks, cough with production of bloody sputum? Do you have a clinical condition such as HIV, diabetes, cancer, kidney disease, silicosis, leukemia or lymphoma, chronic malabsorption syndromes, removal of part of your stomach or have been on prolonged corticosteroid or immunosuppressive therapy? Have you had frequent or prolonged visits* to one or more of the countries or territories listed below with a high prevalence of TB disease? If yes, which country? Have you lived in or visited another country where TB is common for 3 months or more, regardless of length of time in Yes No No Yes Yes | 4. | Have you been a health | care worker? | | | □ Yes □ No | |
| Do you have a clinical condition such as HIV, diabetes, cancer, kidney disease, silicosis, leukemia or lymphoma, chronic malabsorption syndromes, removal of part of your stomach or have been on prolonged corticosteroid or immunosuppressive therapy? Have you had frequent or prolonged visits' to one or more of the countries or territories listed below with a high prevalence of TB disease? If yes, which country? Have you lived in or visited another country where TB is common for 3 months or more, regardless of length of time in | 5. | Have you ever injected i | llegal drugs? | | | □ Yes □ No | |
| chrónic malabsorption syndromes, removal of part of your stomach of have been on prolonged corticosteroid or immunosuppressive therapy? Yes No | 6. | | | | | | |
| Prevalence of TB disease? If yes, which country? Have you lived in or visited another country where TB is common for 3 months or more, regardless of length of time in the us?(If yes, please CIRCLE the country, below)? Alghanistan Algeria | 7. | chronic malabsorption sy | yndromes, removal of part of your | | | □ Yes □ No | |
| Algeria Algeria Comoros India Indonesia Indone | 8. | | | of the countries or territories | isted below with a high | □ Yes □ No | |
| Algeria Angola Congo Iran (Islamic Republic of) Namibia Solomon Islands Solomon Islands Argentina Argentina Democratic People's Republic of Korea Argentina Democratic People's Republic of the Congo Dijbouti Democratic Republic of the Congo Dijbouti Democratic Republic of the Congo Dijbouti Sangladesh Dominican Republic Kuwait Nigeri Nigeri Sir Lanka Sudan Northern Mariana Islands Suriname Belarus Esuador Lavia People's Democratic Republic Ecuador Lavia People's Democratic Republic Desiral Guinea Estonia Estonia Estonia Liberia Lavia Panama Thailand Thobago Thrinidad and Tobago Trinidad | 9. | | | | | | |
| Anguilla Anguilla Anguilla Argentina Argentina Argentina Argentina Argentina Argentina Democratic People's Republic of Korea Democratic People's Republic of the Congo Azerbaijan Bangladesh Belarus Belize Belize Belize Benin Bhutan Bhutan Bosonsana Bosonsana Brizzil Bran (Islamic Republic of Nerea Kerya Kazakhstan Kerya Nicaragua Nicaragua Nicaragua Nigeri Nigeri Nigeri Nigeri Nigeri Nigeri Northern Mariana Islands Suriname Sudan Northern Mariana Islands Suriname Pakistan Palau Tajikistan Thailand Timor-Leste Titrea Lesotho Bolilvia (Plurinational State of) Bosnia and Herzegovina Brazil Brazil Brunei Darussalam Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Georgia Burrundi Cabo Verde Greenland Gamba Gamba Gama Cameroon Cale Greenland Cameroon Central African Republic Chiaa Cinina, Hong Kong SAR China, Macao SAR India (Salamic Republic of Nera Kerya Nauru Nauru Nauru Nauru Nauru Nauru Nauru Nauru Nucragua Northern Mariana Islands Northern Mariana I | Γ | Afghanistan | Colombia | India | | | |
| Argentina Democratic People's Republic of Korea Armenia Democratic Republic of the Congo Djibouti Bangladesh Bangladesh Belarus Beliarus Beliarus Beliarus Beliarus Beliaru Beniin Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Botswana Botswana Brazil Brunei Darussalam Bulgaria Burudi Burudi Burudi Burudi Burudi Burudi Burudi Gamboia Burundi Cabo Verde Carbenland Gama Greenland Gama Greenland Gama Gameroon Cameroon Cameroon Cameroon Cameroon Central African Republic China China, Hong Kong SAR China, Macao SAR Control Carber CYES'' to 1 or more of the above questions and must complete Page 3 Iraq Kazakhstan Kazakhstan Kenya Kazakhstan Kenya Nicaragua Nepal South Africa South Africa South Sudan Northern Mariana Islands Suriname Set Suriname Sugaria Northern Mariana Islands Northern Mariana Northern Mariana Islands Northern Mariana Islands Northern Mariana Islands Northern Mariana Islands Northern Mariana Northern Mariana Islands Northern Mariana Is | | | | | | | |
| Argentina Argentina Democratic Republic of Korea Democratic Republic of the Congo Djibouti Dominican Republic of the Congo Djibouti Dominican Republic Ecuador Ecuador Ecuador Escuador El Salvador Entirea Estonia Eltiopia Libya Paraguay Togo Brazil French Polynesia Gabon Malawi Portugal Burkina Faso Burkina Gambia Gabon Gambia Guinea Burkina Faso Burkina Gambia Ga | | | | | | | |
| Azerbaijan Bangladesh Bangladesh Belarus Belize Belize Benin Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Brazil Brunei Darussalam Bulgaria Buruei Darussalam Bulgaria Buruei Cambodia Buruei Gamboia Gamboia Gamboia Gamboia Cameroon Central African Republic Cambodia Cameroon Central African Republic Chad China, Hong Kong SAR China, Macao SAR I hord was a service of the Azero (Azerbaijan) Dipiouti Kenya Kiribati Kiwait Kibait Kiwait Niger Sirtanka Sudan Northern Mariana Islands Suriand Suriand Palau Panama Falau Panama Falau Panama Falau Palau Panama Palau Panama Falau Palau Panama Palau Palau Panama Palau Palau Panama Palau Panama Palau Palau Panama Palau Palau Palau Panama Palau Panama Palau Panama Palau Palau Panama Palau | | | | | | | |
| Azerbaijan Bangladesh Bangladesh Belarus Ecuador Kuwait Kyrgyzstan Kyrgyzstan Kyrgyzstan Kyrgyzstan Sudan Suda | | | | | | | |
| Belarus Belize Belize Benin Benin Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Burkina Faso Burkina Faso Burkina Faso Burkina Faso Gerenland Cabo Verde Cambodia Cameroon Central African Republic China China, Macao SAR Belarus Ecuador El Salvador El Salvador El Salvador El Salvador Lavia Lavia Lavia Lavia Lavia Palau Palau Palau Palau Palau Palau Tajikistan Thailand Bwaziland Bwaziland Palau Tajikistan Thailand Thoiland Thoiland Thailand Palau Panama Papua New Guinea Timor-Leste Dayana Paraguay Togo Trinidad and Tobago Trinidad | | | | | | | |
| Belize Benin Equatorial Guinea Eritrea Lesotho Panama Thailand Palau Timor-Leste Titrea Lesotho Panama Thailand Paraguay Togo Bosnia and Herzegovina Brazil French Polynesia Gabon Malawi Poland Garen Garenland Garen Garenland Garen Garenland Garen Garenland Garendana | | Bangladesh | Dominican Republic | Kuwait | Nigeria | Sudan | |
| Benin Bhutan Eritrea Lesotho Panama Thailand Eritrea Lesotho Panama Thailand Panama Thailand Estonia Liberia Papua New Guinea Estonia Liberia Papua New Guinea Papua New Guinea Timor-Leste Timor-Leste Estonia Liberia Papua New Guinea New Guinea New Guinea Papua New Guinea New Guinea New Guinea Papua New Guinea New Guinea Papua N | | | | | | | |
| Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Botswana Brazil Brunei Darussalam Bulgaria Burundi Cabo Verde Cambodia Cameroon Cameroon Central African Republic China China, Hong Kong SAR China, Macao SAR Eritrea Eritrea Lesotho Liberia Libya Libya Lithuania Libya Lithuania Libya Lithuania Peru Peru Trinidad and Tobago Turkisa Peru Prillippines Turkisa Turkisa Poland Turkmenistan Portugal Qatar Portugal Qatar Ukraine Candodia Cambodia Cameroon Central African Republic China, Hong Kong SAR China, Macao SAR I ritrea Lesotho Liberia Lesotho Liberia Lesotho Liberia Lesotho Liberia Papua New Guinea Papua New Guinea Papua New Guinea Timor-Leste Ti | | | | | | | |
| Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Republic China China, Hong Kong SAR China, Macao SAR Ethiopia Ethiopia Ethiopia Ethiopia Liberia Libuania Paraguay Paraguay Togo Paraguay Togo Paraguay Togo Trinidad and Tobago Trinidad and Tobago Tunisia Turkmenistan Malaysia Pollan Pollan Pollan Turkmenistan Maldives Qatar Qatar Uganda Ukraine Qara Uganda Ukraine Republic of Korea Republic of Moldova United Republic of Tanzania Uruguay Uzbekistan Vanuatu Vanuatu Vanuatu Vanuatu Venezuela (Bolivarian Repub Viet Nam Venezuela (Bolivarian Repub Venezuela (Bolivarian | | | | | | | |
| Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Carbodia Cameroon Central African Republic China China China, Hong Kong SAR China, Macao SAR Ethiopia Libya Libya Lithuania Libya Lithuania Peru Trinidad and Tobago Tunisia Peru Trinidad and Tobago Tunisia Poland Turkmenistan Turkmenistan Portugal Tuvalu Uganda Qatar Uganda Republic of Korea Ukraine Capubdic of Moldova United Republic of Tanzania Uruguay Republic of Moldova Uruguay Republic of Moldova Uruguay Cameroon Central African Republic Chia China China, Hong Kong SAR China, Macao SAR Ethiopia Libya Lithuania Libya Lithuania Peru Madagascar Philippines Portugal Portugal Turkmenistan Portugal Qatar Uganda Republic of Korea Republic of Moldova United Republic of Tanzania Uruguay Russian Federation Revanda Vanuatu Venezuela (Bolivarian Repu Viet Nam Venezuela (Bolivarian Repu Viet Nam Venezuela (Bolivarian Repu Viet Nam Venezuela Serbia Serbia Serbia Serbia Zambia Zimbabwe I have answered "YES" to 1 or more of the above questions and must complete Page 3 | | | | | | | |
| Botswana Brazil Fiji Lithuania Peru Trinidad and Tobago Turkisa Brunei Darussalam Gabon Malawi Polund Turkmenistan Turkmenistan Turkisa Bulgaria Gambia Malaysia Portugal Qatar Uganda Uganda Burkina Faso Georgia Maldives Qatar Uganda Uganda Burkina Faso Georgia Maldives Qatar Uganda Ukraine Cabo Verde Greenland Mali Republic of Korea Ukraine Cambodia Guam Mauritius Republic of Moldova United Republic of Tanzania Cambodia Guam Mauritius Romania Uruguay Uzbekistan Vanuatu Vzbekistan Vanuatu Chad Guinea Mexico Micronesia (Federated States of) Chira Guyana Mongolia Sao Tome and Principe Viet Nam China, Hong Kong SAR Haiti Montenegro Morocco Serbia Serbia Zambia Zimbabwe I have answered "YES" to 1 or more of the above questions and must complete Page 3 | | | | | | | |
| Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Republic Chiaa China, Hong Kong SAR China, Macao SAR Cambwara China, Macao SAR Cambourd Canboeron Cabo Verde Chad China, Macao SAR Canbourd China, Macao SAR Cambourd Canbourd Canbourd Canbourd Cambourd Cambour | | | | | | | |
| Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Republic Chad China China China, Hong Kong SAR China, Macao SAR Bulgaria Burkina Faso Georgia Maldives Maldives Maldives Maldi Mali Marshall Islands Marshall Islands Marshall Islands Marshall Islands Mauritius Marshall Islands Mauritius Mauritius Mauritius Mexico Mexico Mexico Micronesia (Federated States of) Mongolia Mongolia Monrocco Morocco | | | French Polynesia | | | | |
| Burkina Faso Burundi Ghana Greenland Cabo Verde Cambodia Cameroon Central African Republic Chad China, Hong Kong SAR China, Macao SAR Canswerd China, Macao SAR Georgia Maldives Marshall Islands Republic of Moldova Romania Romania Romania Russian Federation Rwanda Saint Vincent and the Grenadines Sao Tome and Principe Viet Nam Venezuela (Bolivarian Republic Senegal Serbia Seychelles I have answered "YES" to 1 or more of the above questions and must complete Page 3 | | | | | | | |
| Burundi Cabo Verde Greenland Gam Cambodia Cameroon Central African Republic Chia Chia China China, Hong Kong SAR China, Macao SAR Burundi Cabo Verde Greenland Guam Guam Guam Guam Guatemala Guinea-Bissau Guinea-Bissau China, Macao SAR Mali Marshall Islands Mauritania Mauritania Mauritius Maryitius Mexico Micronesia (Federated States of) Micronesia (Federated States of) Mongolia Montenegro Morocco Moroc | | | | | | | |
| Cabo Verde Cambodia Guam Marshall Islands Romania Uruguay Mauritius Rusian Federation Republic of Moldova Romania Uruguay Uzbekistan Pederation Republic Of Chad Guinea Guinea-Bissau Guinea Mongolia Guyana China, Hong Kong SAR China, Macao SAR Haiti Mondenegro Morocco Mo | | | | | | | |
| Cambodia Cameroon Central African Republic Chad China China, Hong Kong SAR China, Macao SAR China, Macao SAR Mauritania Mauritus Mexico Micronesia (Federated States of) Mongolia Montenegro Morocco Micronesia (Federated States of) Mongolia Monocco Micronesia (Federated States of) Mongolia Monocco Micronesia (Federated States of) Mongolia Monocco Micronesia (Federated States of) Sao Tome and Principe Senegal Serbia Serbia Zambia Zimbabwe I have answered "YES" to 1 or more of the above questions and must complete Page 3 | | | | | | | |
| Cameroon Central African Republic Chad Chad China China China, Macao SAR China, Macao SAR China, Macao SAR I have answered "YES" to 1 or more of the above questions and must complete Page 3 Mauritius Mexico Micronesia (Federated States of) Mexico Micronesia (Federated States of) Micronesia (Federated States of) Rwanda Saint Vincent and the Grenadines Saint Vincent and Principe Saint Vincent and Principe Senegal Serbia Zambia Zimbabwe Uzběkištan Vanuatu Venezuela (Bolivarian Repu Viet Nam Yemen Zambia Zimbabwe | | | | | | | |
| Central African Republic Chad Guinea-Bissau Mongolia Mongolia Montenegro Morocco Moroc | | | | | | | |
| Chad Chad China, Hong Kong SAR China, Macao SAR Guinea-Bissau Guyana Honduras Micronesia (Federated States of) Mongolia Mongolia Serbia Serbia Seychelles Senseyal Serbia Serbia Seychelles Senseyal Serbia Serbia Seychelles Senseyal Serbia | | | | | | | |
| China China, Hong Kong SAR China, Hong Kong SAR China, Macao SAR Haiti Honduras Morocco Serbia Seychelles Viet Nam Yemen Zambia Seychelles I have answered "YES" to 1 or more of the above questions and must complete Page 3 | | | | | | Venezuela (Bolivarian Republic | |
| China, Macao SAR Honduras Morocco Serbia Zambia Zimbabwe I have answered "YES" to 1 or more of the above questions and must complete Page 3 | | | | Mongolia | | Viet Nam | |
| I have answered "YES" to 1 or more of the above questions and must complete Page 3 | | | | | | | |
| I have answered "YES" to 1 or more of the above questions and must complete Page 3 | | China, Macao SAR | Honduras | Morocco | | | |
| | L | | | I. | • | ZIIIIDADWE | |
| | | | | | e 3 | | |
| | | | | | | | |

I have reviewed the above Tuberculosis screening and completed page 3 if required.



| | TUBERCULOSIS TESTING | | | | | | |
|---------|--|--|--|--|--|--|--|
| Name: | DOB: University ID #: | | | | | | |
| test (T | nts that have answered YES to one or more of the Tuberculosis Screening questions MUST undergo Tuberculin skin ST) OR have one Interferon Gamma Release Assay Test (IGRA). All testing and X-rays must be done during time is prior to semester start: | | | | | | |
| | Fall start: on or after March 1 Spring start: on or after July 1 | | | | | | |
| A. | TST | | | | | | |
| | Date placed: Date read: Result: mm □ Positive □ Negative | | | | | | |
| | A PPD/TST of ≥ 5 mm induration is considered positive for immunocomprised students A PPD/TST of ≥ 10 mm induration is considered positive for immigrants from high prevalence countries. A PPD/TST of ≥ 15 mm induration is considered positive for students with no risk factors. | | | | | | |
| В. | IGRA (preferred for students who have received BCG vaccine) Date performed: Result: □ Positive □ Negative (Attach copy of lab report) | | | | | | |
| | □ Quantiferon Gold or □ T-Spot IGRA = Quantiferon Gold or T-Spot. Indeterminate or borderline results are not acceptable. Repeat test or administer two-step TST. | | | | | | |
| C. | History of a prior Positive TST or IGRA | | | | | | |
| | Date of positive TST: Result : mm OR Date of positive IGRA: □ Quantiferon Gold or □ T-Spot | | | | | | |
| | TB Symptom Survey (Check all that apply) | | | | | | |
| | NoneCough>3 weeks with or without sputum productionCoughing up blood | | | | | | |
| | Unexplained feverPoor appetiteUnexplained weight lossNight sweatsFatigue | | | | | | |
| | If yes to any question, please explain further | | | | | | |
| | | | | | | | |
| D. | Chest X-ray Required ONLY if POSITIVE TST or POSITIVE IGRA. Chest x-ray required within six months of semester start date – Fall: on or after March 1 Spring: on or after July 1 – unless patient has a known prior positive TB test and is able to provide official documentation of all of the following: 1) negative chest x-ray at or after diagnosis, 2) completion of treatment for latent TB infection, and 3) negative symptom screen (above). | | | | | | |
| E. | Treatment for TB disease or Latent TB Infection □ Completed □ Ongoing | | | | | | |
| | Dates of treatment regimen: to (attach documentation) | | | | | | |
| Health | Care Provider (printed): Health Care Provider Signature: | | | | | | |
| Date | Phone | | | | | | |



Waiver Information for Meningococcal Disease & Hepatitis B

Please read the following information on Meningococcal Disease and Hepatitis B before signing the waiver on the Certificate of Immunization.

The Code of Virginia (Chapter 340 23-7.5) requires that "All full time students, prior to enrollment in any public four-year institution of higher education, shall be vaccinated against (i) Meningitis and (ii) Hepatitis B." Institutions of higher education must provide the student or the student's parent or other legal representative detailed information on the risks associated with the Meningitis or Hepatitis B, and on the availability and effectiveness of any vaccine. The Code permits "the student or if the student is a minor, the student's parent or the legal representative to sign a written waiver stating that he/she has received and reviewed the information on Meningitis or Hepatitis B and detailed information on the risks associated with Meningitis or Hepatitis B and on the availability and effectiveness of any vaccine, and has chosen not to be or not to have the student vaccinated."

Hepatitis B

Hepatitis B is a potentially fatal disease that attacks the liver. The virus can cause short-term (acute) illness that leads to loss of appetite, tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes) and plain in muscles, joints and stomach. Many people have no symptoms with the illness that leads to liver damage, liver cancer, and death.

According to the Centers for Disease Control, about 1.2 million people in the U.S. have chronic Hepatitis B infection. Each year approximately 40,000 people become infected with Hepatitis B virus. Young adults are more likely to contract Hepatitis B infection due to greater likelihood of high-risk behaviors such as multiple sexual partners.

Approximately 3,000 people die from chronic Hepatitis B infection annually in the U.S. It is spread through contact with blood and body fluids of an infected person, such as having unprotected sex with an infected person or sharing needles when injecting illegal drugs. Unvaccinated *health-science students* are at risk of contracting Hepatitis B through an accidental occupational blood/body fluid exposure.

There are several ways to prevent Hepatitis B infections including avoiding risky behavior, screening pregnant women, and vaccination. Vaccination is the best prevention. The vaccine series typically consists of three injections given over a six month period.

Remember: Completion of the vaccine series is needed for protection against Hepatitis B disease.

For more detailed information please visit: http://www.cdc.gov/ncidod/diseases/hepatitis/b/faqb.htm

Meningococcal Disease

Meningococcal disease is the leading cause of bacterial meningitis in children 2-18 years old in the U.S. Meningitis is an infection of the brain and spinal cord coverings. Meningococcal disease can also cause blood infections. According to the Centers for Disease Control, about 1,000-1,200 people get meningococcal disease each year in the U.S. Of those cases, 10-15% die and of those who live, another 11-19% may require limb amputation, have problems with their nervous system, become deaf, or suffer seizures or strokes.

College students, particularly freshmen who live in dormitories, have a 6-fold increased risk of getting meningococcal disease. The disease is spread person-to-person through the exchange of respiratory and throat secretions (e.g., by coughing, kissing, or sharing eating utensils).

Meningococcal conjugate vaccine (MCV4) and polysaccharide vaccine (MPSV4) are effective in preventing four types of meningococcal disease including two of the three most commonly occurring types in the U.S. It does not, however, protect against serotype B. Meningitis B vaccine (Trumenba or Bexsero) offers protection for serotype B. Seven outbreaks of serogroup B meningococcal disease have occurred on college campuses since 2009, resulting in 41 cases and 3 deaths (MMWR 64(411); 1171-6).

ACIP recommends routine vaccination of persons with **meningococcal conjugate** at age 11 or 12 years with a booster dose at age 16. Persons who receive their first meningococcal conjugate vaccine at or after 16 years do not need a booster dose. Routine vaccination of healthy persons older than 21 years who are not at increased risk of exposure to N. Meningitides is not recommended.

In addition to the meningococcal conjugate vaccine, **Meningitis B** vaccine is recommended for high risk students with a history of persistent complement component deficiencies or patients with anatomic or functional asplenia. It may also be given to anyone 16 to 23 years old to provide short-term protection. This can be either a two- or three-shot series depending on the vaccine (Bexsero or Trumenba).

For more detailed information please visit http://www.immunize.org/catg.d/p4210.pdf