



Fall 2011 and Spring 2012

Dear New University of Virginia student:

Congratulations on your acceptance to the University. Those of us at the Department of Student Health wish you the best of luck in the pursuit of your scholarly activities.

Prior to your enrollment we need information about your health status. Some information is needed to meet requirements of Virginia law (immunizations), to meet University requirements (health insurance), and to assist us in caring for you if you need health services. **The Pre-entrance Health Record is pages 2-6 of this document (below) or you may call 434-924-1525 to receive a form by mail.** It is important that you complete the Pre-entrance Health Record accurately and **return it by August 31, 2011 (January 31, 2012 for spring semester)**. If your form is not postmarked by August 31 (January 31 for spring semester), you will be subject to a late fee of \$100. Once data from the form has been entered, Student Health offers a secure website (<https://www.healthyhoos.virginia.edu>) where you may view immunization data in case you are contacted about any deficiencies. Before returning the Pre-entrance Health Record, please make certain the following items are complete:

University of Virginia Pre-entrance Health Record

- ◇ All personal information, including parent/guardian/next-of-kin/spouse information.

Health Insurance Information

- ◇ Health insurance information and copy of insurance card(s), including prescription plans, is a requirement.
- ◇ Registration for subsequent semesters will be blocked if not provided.

Medical Consent for Minors

- ◇ If you will be under the age of 18 when at U.Va., a parent or legal guardian must sign a consent to permit treatment at Student Health and the U.Va. Hospital.

Immunization Record Parts A. and B. (Based on national guidelines and Virginia law.)

Registration for subsequent semesters will be blocked if you do not comply with immunization requirements. Section I must be completed by all students. Section II is for medical and nursing students only. Section III should be carefully reviewed for any additional recommended vaccines.

- ◇ Either two (2) doses of MMR (or two doses each of individual measles, mumps, or rubella vaccines) or a positive blood test for each disease are required. **All medical and nursing students must comply with this requirement.**
- ◇ Meningococcal meningitis vaccine is required by Virginia law for all new undergraduates under the age of 22 unless a waiver is signed. The waiver and frequently asked questions are available at http://www.virginia.edu/studenthealth/documents/HepBMeninWaive_1112_UID.pdf.
- ◇ Hepatitis B vaccine is required by Virginia law for all new undergraduates unless a waiver is signed. The waiver and frequently asked questions are available at http://www.virginia.edu/studenthealth/documents/HepBMeninWaive_1112_UID.pdf
- ◇ Please consider the recommended vaccinations for HPV, varicella (chicken pox), hepatitis A, pneumococcus, and pertussis or whooping cough (Tdap). All vaccines are generally available for a fee to students at Student Health or at special vaccine clinics during the fall semester, but we encourage students to be immunized prior to enrollment.
- ◇ Medical and nursing students have additional special requirements -- see Section II.
- ◇ Signature of licensed health care provider or certification from health agency or clinic at the end of **BOTH** the Immunization Record and Tuberculosis Screening/Testing form (see below) is required.

Tuberculosis Screening/Testing

- ◇ Results of tuberculosis screening should be completed by a clinician or health department in the appropriate section of the health form. New national guidelines have changed the screening process -- information is available on the Tuberculosis Screening/Testing form.
- ◇ Medical and nursing students must undergo tuberculosis testing--See Part B.
- ◇ **Signature** of licensed health care provider or certification from health agency or clinic at the end of the Tuberculosis Screening/Testing form is required.

Medical or Religious Exemptions to Immunization

- ◇ If applicable, sign the appropriate "Exemption" section (TB screening/testing is still required).
- ◇ Exemption from immunization may result in quarantine of unimmunized students off Grounds in the event of a contagious disease outbreak.

Long-Term Signature Agreement

- ◇ If insurance claims are filed on your behalf, signature of the Long-Term Agreement assures that relevant information can be sent to your insurance company.

We do not require information about past medical problems. If you feel additional information about your health history would help us in caring for you, please send information on a separate sheet attached to the health record. We hope your move to the University goes smoothly, and we look forward to serving you in the future.

Sincerely,

James C. Turner, M.D.
Executive Director, Department of Student Health

INSTRUCTIONS FOR COMPLETING THE PRE-ENTRANCE HEALTH FORM

Marking: Please print using black ink. Read carefully and fill in all applicable information. The first and last pages are to be completed by the student/parent and the **second and third pages completed and signed by a licensed health care provider.**

Personal Information: To be completed by the student

Complete all requested demographic information including the name of someone who could be contacted in case of an emergency. Be sure to attach a copy of your insurance and prescription cards. If you don't know your University ID number, it may be available through the Student Information System. If it is not yet available, leave this blank. Signing the Long-Term Signature Agreement assures that, if insurance claims are filed on your behalf, relevant information can be sent to your insurance company.

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

- A. **Tetanus Diphtheria-Pertussis:** Primary series (DTap, DTP, DT or Td) plus booster of Tdap (**available since 6/1/05**) or Td required within 10 years of **9/1/2011**. Tdap may be given regardless of interval since last Td. **Medical and nursing students, see special requirements section below.**
- B. **Measles, Mumps, Rubella (MMR):** Two doses of MMR or individual vaccines required, at least one month apart. Not required if born before 1957 **EXCEPT medical and nursing students**. Titers proving immunity are acceptable; please provide the date(s) of positive titer(s).
- C. **Polio:** Completed primary series is required. Please provide the date the series was completed as well as any boosters received since that date. A titer proving immunity is acceptable; please provide the date of a positive titer.
- D. **Hepatitis B:** Undergraduates and medical and nursing students must have received and documented all three doses. The Twinrix immunization series is an acceptable alternative, as is a titer proving immunity (please provide the date of positive titer). Undergraduate students **only** may choose to sign a waiver for this immunization series (available at http://www.virginia.edu/studenthealth/documents/HepBMeninWaive_1112_UID.pdf); **medical and nursing students are required to meet this requirement and may not sign a waiver.**
- E. **Meningococcal Vaccine:** One dose vaccination or a signed waiver must be completed for undergraduate students under age 22 only. One dose of Menactra (conjugate; **available since 1/14/05**) or Menveo (conjugate; **available since 2/22/10**) vaccine preferred after the 16th birthday; a booster dose is required if primary dose given before age 16. One dose of Menomune (polysaccharide) acceptable alternative if given on or after **9/1/2009**. Please indicate vaccination, waiver signed, not an undergraduate or not under age 22. Waiver available at http://www.virginia.edu/studenthealth/documents/HepBMeninWaive_1112_UID.pdf; .
- F. **Tuberculosis Screening/Testing:** All students must have a licensed care provider complete the **Part B: Tuberculosis Screening/Testing**. If you answered "Yes" to any question on the form, a two-step PPD test, an immunoassay blood test or a chest x-ray must be performed on or after **3/1/2011**. **Medical and nursing students may not have a screening – see special requirements below.**

Special Requirements for Medical and Nursing Students (UVa Health System Policy)

- A. **Rubella Antibody Titer:** A rubella titer is required for medical and nursing students and must prove immunity. Please provide the date of positive titer.
- B. **Hepatitis B:** Medical and nursing students must receive all three doses of vaccine (Twinrix series is an acceptable alternative) or have a positive antibody test. If the last shot in the series is received after **1/1/2011**, a positive titer is **REQUIRED**.
- C. **Varicella (chicken pox):** Medical and nursing students must have a physician report of varicella disease, dates of the varicella vaccine series or a positive varicella antibody blood titer.
- D. **Tuberculosis:** All medical and nursing students are required to complete tuberculosis testing with either a 2-step PPD or an immunoassay blood test. The 2 PPDs must be administered at least 1 week apart and no greater than 3 months apart or the series must be repeated. Part B. includes instructions. Record actual mm of induration, transverse diameter; if no induration, write "0."All elements of this requirement must have occurred on or after **3/1/2011**.
- E. **Chest X-Ray:** A negative chest x-ray is required if the PPD series or immunoassay blood test is positive. Chest X-ray is not required if patient is undergoing or has completed treatment for LTBI. The x-ray must have been performed on or after **3/1/2011**.
- F. **Tdap Booster:** Tdap (**available since 6/1/05**) should be administered prior to enrollment in nursing or medical school. Tdap may be given regardless of interval since last Td. The last Tdap received must have been within 10 years of **9/1/2011**.

Recommended Vaccinations for all students:

- A. **Varicella (chicken pox):** Two doses of vaccine are recommended, 1 month apart, for those adults under age 30 with no disease history.
- B. **Hepatitis A:** If you have received the Twinrix (combination of Hepatitis A and Hepatitis B vaccines), entering this information in the Hepatitis B section and indicating Twinrix is sufficient documentation.
- C. **HPV Vaccine (Gardasil):** The three-shot series is recommended for all females 11-26 years of age. HPV vaccine is licensed and effective in males. It has not been specifically recommended for males by CDC, but can be safely administered. Insurance may not cover the vaccine in males.
- D. **Pneumococcal polysaccharide (pneumonia):** One shot is recommended for smokers and asthmatics 19-64 years of age.



UNIVERSITY OF VIRGINIA
 PRE-ENTRANCE HEALTH RECORD
 RETURN TO:
 Department of Student Health
 P.O. Box 800760
 Charlottesville, Virginia 22908-0760
 Phone: (434) 924-1525; FAX: (434) 982-4262
 Website: <http://www.virginia.edu/studenthealth/>

FORM IS DUE TO STUDENT HEALTH BY AUGUST 31, 2011 FOR FALL ENTRANCE OR JANUARY 31, 2012 FOR SPRING ENTRANCE TO AVOID A \$100 PROCESSING FEE

TO THE STUDENT: Please type or print in black ink, answering all questions. This information will become part of your confidential medical record. Please attach a separate sheet if you need extra space to answer any questions.

Name _____ University ID Number _____
 Last First Middle

Address _____
 No. & Street City State Zip

Telephone (____) _____ Circle Sex: M F Birthday: ____/____/____
 Month Day Year

UVa School you are entering: _____

Check one: Undergraduate Graduate Circle term entering: Fall Spring 20____

If you have previously enrolled in UVa, please give dates: from ____/____ to ____/____
 Mo/Yr Mo/Yr

If you are returning to school after 2 years or more, a new Pre-Entrance Health Record must be completed.

PARENT/GUARDIAN/NEXT-OF-KIN/SPOUSE INFORMATION (for contact in case of emergency)

Name _____ Relationship to student: _____
 Last First Middle

Address _____
 No. & Street City State Zip

Telephone (____) _____

PRIMARY CARE PHYSICIAN NAME AND PHONE NUMBER: _____

HEALTH INSURANCE IS A REQUIREMENT FOR ALL UNIVERSITY OF VIRGINIA STUDENTS. ATTACH A COPY OF YOUR INSURANCE CARD (AND YOUR PRESCRIPTION CARD IF SEPARATE) TO THIS FORM. PLEASE BE SURE TO BRING ALL INSURANCE CARDS WITH YOU WHENEVER YOU VISIT STUDENT HEALTH.

The AETNA STUDENT HEALTH INSURANCE PLAN is endorsed by the University. Aetna's phone number is 800-466-3027 or visit their website, <http://www.uvastudentinsurance.com>. IMPORTANT: You must apply to Aetna even if a University department is paying for the insurance.

MEDICAL CONSENT FORM FOR MINORS

Dear Parent or Legal Guardian:

The purpose of this consent form is to obtain permission from the parent or legal guardian for the University of Virginia Health System and/or the University of Virginia Student Health Department to treat a patient who is under the age of 18 and therefore legally a minor.

The University of Virginia Health System and/or the University of Virginia Student Health Department have my permission to treat my minor child (name of child) _____ in the event of a medical emergency. The UVa Hospital Health System and the Student Health Department also have my permission to treat my child for minor injuries and minor illness (including administration of vaccinations such as tetanus, influenza, and/or meningitis).

 Name of Parent/Guardian of Minor (print) Relationship

 Signature Date

 Street Address, City, State and Zip Home Phone

OFFICE USE ONLY: Date Received: _____

Account Number: _____

Reviewed by/Date: _____

PART B: Tuberculosis Screening/Testing Form

FORM IS DUE TO STUDENT HEALTH BY
AUGUST 31, 2011 FOR FALL ENTRANCE OR
JANUARY 31, 2012 FOR SPRING ENTRANCE TO
AVOID \$100 PROCESSING FEE

Name: _____ Date of Birth: ____/____/____ University ID Number: _____

TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER

Based on the guidelines published by The American College Health Association, the recommendations from the Centers for Disease Control (CDC) and the American Thoracic Society, Tuberculosis Screening is required within six months of college entry primarily by conducting a **Risk Assessment**. For more information, visit www.acha.org or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments or at the following website: www.cdc.gov/nchstp/tb/pubs/corecurr/. Please answer the following questions. If the student is at low risk, a PPD is not required for entrance into college.

1. Does the student have **signs or symptoms of active TB disease**? YES NO

2. Is the student a member of **a high-risk group** or is the student entering the **Health Profession (medical or nursing student)**? YES NO

Categories of high-risk students include those: with HIV infection; who inject drugs; who have resided in, volunteered in or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone \geq 15 mg/d for \geq 1 month) or other immunosuppressive disorders.

3. Has the student **lived or travelled** (spent 6 weeks or more) in countries where TB is endemic? YES NO
Includes those students who have arrived within the past 5 years from countries which have TB incidence rates of \geq 20 cases/100,000 according to the WHO 2009.

A complete list of countries that DO NOT have a high incidence are as follows: Albania, American Samoa, Andorra, Antigua and Barbuda, Australia, Austria, Barbados, Belgium, Bermuda, British Virgin Islands, Canada, Cayman Islands, Chile, Costa Rica, Cuba, Cyprus, Czech Republic, Denmark, Egypt, Finland, France, Germany, Greece, Grenada, Hungary, Iceland, Ireland, Israel, Italy, Jamaica, Jordan, Lebanon, Luxembourg, Malta, Mexico, Monaco, Montserrat, Nauru, Netherlands, Netherlands Antilles, New Zealand, Norway, Oman, Puerto Rico, Saint Kitts and Nevis, St. Lucia, Samoa, San Marino, Saudi Arabia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turks and Caicos Islands, United Arab Emirates, United Kingdom, United States Virgin Islands, United States of America and Territories

IF NO to #1, #2, & #3, TB testing and Chest X-Ray are not required. No further evaluation is required, PLEASE SIGN BELOW.
IF YES to #1, #2 or #3, , Students should undergo 2-step tuberculin skin test or, immunoassay blood test; if either is positive, a Chest X-ray is required, or must be presently undergoing or have completed LTBI treatment.

PLEASE USE THE SPACE BELOW TO DOCUMENT TUBERCULIN TESTING AND/OR CHEST RADIOGRAPHY OR LTBI TREATMENT*
* (Based on assessment criteria outlined on previous page.)

A. 2 Step Tuberculin Skin Test (both must have been placed on or after March 1, 2011)

Test 1: Date given: ____/____/____ Date read: ____/____/____ Result: _____mm
Mo Day Yr Mo Day Yr (Record actual mm of induration, transverse diameter; if no induration, write "0")
Test 2: Date given: ____/____/____ Date read: ____/____/____ Result: _____mm
Mo Day Yr Mo Day Yr (Record actual mm of induration, transverse diameter; if no induration, write "0")

Tests must have at least 7 days but not more than 3 months **between 1st reading and 2nd placement** or the series must be repeated.

Interpretation (based on mm of induration as well as risk factors) Positive Negative

B. Immunoassay Blood Test (must have been performed on or after March 1, 2011)

Date performed: ____/____/____ Date read: ____/____/____ Results: Positive Negative

C. Chest X-Ray (required if Tuberculin Skin test or Immunoassay Blood Test is positive; or if history of positive PPD and/or patient is at risk of active disease. Chest X-ray not required if patient is currently undergoing or has completed LTBI treatment; Chest X-ray must have been performed on or after March 1, 2011):

Result: Normal Abnormal Date of chest x-ray: ____/____/____
 INH Initiated Date _____ X _____ months

D. Previously Treated LTBI

Date and result of last chest x-ray: ____/____/____ Result: Normal Abnormal
Dates (i.e. length) and details (i.e. drugs, dose) of LTBI treatment regimen: ____/____/____ to ____/____/____

HEALTH CARE PROVIDER: (signature required as validation of correct information for TB assessment only)

Name: _____ Address: _____

Signature: _____ Phone: _____ Date: _____

(TB screening must be performed on or after March 1, 2011)

EXEMPTIONS TO PRE-ENTRANCE HEALTH IMMUNIZATIONS REQUIREMENTS
(Sec. 23-7.5 Code of Virginia)

MEDICAL EXEMPTION (PHYSICIAN'S SIGNATURE REQUIRED):

(Print Name of Student) _____ should be exempt from some or all of the pre-entrance immunization requirements noted on the University of Virginia Pre-Entrance Health Record. Administration of the following immunizing agents would be detrimental to this student's health:

(List Immunizations)

Physician's Signature _____ Date _____

RELIGIOUS EXEMPTION*

I, (print name) _____ wish to be exempt from the immunization requirements noted on the University of Virginia Pre-Entrance Health Record because administration of immunizing agents conflicts with my religious beliefs. I release the Commonwealth of Virginia, the University of Virginia and their agents and employees from any responsibility for any impairment of my health resulting from this exemption.

Student's Signature _____ Date _____

***Does not apply to tuberculosis (TB) Screening/Testing**

LONG TERM SIGNATURE AGREEMENT

(Last) _____ (First) _____ (Middle) _____
I hereby assign the benefits of my insurance policy to the University of Virginia Student Health Department and University of Virginia Health System, as appropriate. I understand that I am responsible for all charges that are not paid by that policy. I authorize Student Health to release to my insurance company information needed in order to obtain pre-authorization for treatment or process a claim for services rendered.

I understand that this assignment and authorization will remain in effect indefinitely or until such time that I give written notice to the contrary.

Date _____ Student Signature _____

Before mailing to Student Health, please be sure that:

- Copy of health insurance card is attached.
- A health care provider has completed and signed the Immunization page and the Tuberculosis Screening/Testing page.
- If applicable, waiver forms have been signed and attached.
- If your child will be a minor on arrival, you have signed the medical consent form.

RETURN TO:
Department of Student Health
P.O. Box 800760
Charlottesville, Virginia 22908-0760
Phone: (434) 924-1525; FAX: (434) 982-4262
Website: <http://www.virginia.edu/studenthealth/>