Dear New University of Virginia Medical or Nursing Student:

The staff of Elson Student Health wishes to congratulate you on your acceptance to the University! Our staff are here both to help you maintain a foundation of good health and to help restore your health in the event of illness, injury, or stress. Building immunity to common communicable diseases is a critical first step in protecting your health and that of your fellow students. Completion of the Pre-entrance Health Form on the following pages allows you to demonstrate that you have met the basic immunization requirements known to promote a healthy campus community.

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

Department of Student Health
University of Virginia
P. O. Box 800760
400 Brandon Avenue, Room 144
Charlottesville, VA 22908-0760
Phone: (434) 924-1525; FAX: (434) 982-4282
Website: http://www.virginia.edu/studenthealth
Email: sth-mr@virginia.edu

Please ensure you have completed all required sections listed below prior to submission. Students with forms postmarked after August 31, 2016 (January 31, 2017 for the spring semester) will be subject to a $100.00 late fee.

Student Health offers a secure website (https://www.healthyhoos.virginia.edu) where you may 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 email.

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. **Long-Term Signature Agreement:** Signing the Long-Term Signature Agreement assures that relevant information can be sent to your insurance company if insurance claims are filed on your behalf (page 4).

3. **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 Grounds.

4. **Exemptions to Immunizations:** On occasion, a student may elect to opt out of certain vaccine requirements based on their religious beliefs or for a medical reason (TB testing is still required). For medical and nursing students, exemption may result in modification of clinical educational activities.

5. **Ongoing Medical Conditions:** 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.

6. **Certificate of Immunization & Tuberculosis Testing:** To be completed at a visit by your healthcare provider. All medical and nursing students require tuberculosis testing. All elements of tuberculosis testing must have been completed on or after 3/1/2016 (fall entry) or on or after 7/1/2016 (spring entry).

Sincerely,

Christopher Holstege, M.D.
Executive Director
Department of Student Health
INSTRUCTIONS FOR COMPLETING MEDICAL/NURSING IMMUNIZATION INFORMATION

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

Certificate of Immunization and Tuberculosis Testing: To be completed and signed by a Health Care Provider

Required vaccinations/testing:

A. Tetanus/Diphtheria/Pertussis Booster: Primary series (DTap, DTP, DT or Td) plus booster within the last 10 years of 9/1/2016. Must have received one adult dose of Tdap. 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. Required regardless of birthdate. Titers proving immunity are acceptable; please provide a copy of the report with the date(s) and result(s) of positive titer(s).

C. Rubella Antibody Titer: A rubella titer is required for medical and nursing students and must prove immunity. Please provide a copy of the report with the date and result of positive titer.

D. Polio: Completed primary series is required. Please provide the date the primary series was completed as well as any boosters received since that date. A titer proving immunity is acceptable; please provide a copy of the report with the date and result of positive titer.

E. Hepatitis B: Medical and nursing students must have documentation of a completed vaccination series and serologic confirmation of immunity. The Twinrix immunization series is an acceptable alternative to the vaccination series. Attach copy of quantitative lab report. If the titer is negative after the initial Hepatitis B series, repeat the series. If the titer is negative after the repeated series, contact the Nursing Supervisor at Elson Student Health Center for recommendations on re-vaccination.

F. Meningococcal Vaccine: For students younger than 22 years of age, one dose of vaccine required after age 16 or signed waiver. Conjugate vaccine (Menactra or Menveo) is preferred. Meningitis B vaccine (Trumenba and Bexsero) does not meet this requirement.

G. Varicella (chicken pox): Two doses of vaccine, at least 4 weeks apart, or serological confirmation of immunity. Attach copy of lab report.

H. Tuberculosis Testing: All medical and nursing students are required to complete tuberculosis testing. See page 2 for instructions. All elements of this requirement must have occurred on or after 3/1/2016 for fall entry or 7/1/2016 for spring entry. All documentation from multiple institutions must be recorded on the Tuberculosis Testing form and validated by a care provider. A chest x-ray alone will not satisfy this requirement.

Recommended vaccinations for all students:

A. 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.

B. 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.

C. 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 to 23 years old to provide short-term protection. This can be either a two or three shot series depending upon the vaccine (Bexsero or Trumenba). The same vaccine must be used for all doses; Student Health only stocks Bexsero.

Influenza Vaccine Requirements:

- All medical and nursing students are required to have an annual seasonal influenza vaccine each fall. Influenza clinics will be planned by Student Health to provide the vaccine early in the fall semester. Students will receive a sticker for his/her name badge which signifies compliance. Student Health will work with the schools of Medicine and Nursing to monitor compliance.

- Failure to comply with influenza vaccine requirements may result in the inability to participate in clinical rotations and exclusion from patient contact.

- Medical waivers for this requirement may only be granted by Student Health.
# Certificate of Immunization
## Medical or Nursing Students

<table>
<thead>
<tr>
<th>Name:</th>
<th>Birthday:</th>
<th>University ID:</th>
<th>Telephone:</th>
<th>Country of Origin:</th>
</tr>
</thead>
</table>

### Emergency Contact: (Parent/Guardian/Spouse/Next-of-Kin)

- **Name:**
- **Last**  
- **First**  
- **Middle**  
- **Relationship to student:**

### Address:

- **No. & Street:**
- **City:**
- **State:**
- **Zip/Postal Code:**
- **Country:**

### Consent for the Treatment of Minors

- **Students 17 years and younger**

### Meningococcal Vaccine Waiver

- **Review page 3 prior to signing**

### RELIGIOUS EXEMPTION*

- I 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.

### Required Immunizations

#### Tuberculosis Testing (TB)

All medical and nursing students are required to complete the Tuberculosis Testing form on page 2.

#### Diphtheria-Pertussis-Tetanus (DPT)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Doses</th>
<th>Last dose given</th>
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</thead>
<tbody>
<tr>
<td>DPT</td>
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<td></td>
</tr>
</tbody>
</table>

#### Hepatitis B

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Doses</th>
<th>AND Titer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Measles, mumps, rubella (MMR)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Doses</th>
<th>Positive Titer</th>
<th>Must attach lab results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Polio IPV or OPV

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date series completed</th>
<th>Positive Titer</th>
<th>Must attach lab results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio</td>
<td></td>
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</tbody>
</table>

#### Varicella (Chicken Pox)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Doses</th>
<th>Positive Titer</th>
<th>Must attach lab results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Medical Exemption – “Does not apply to tuberculosis (TB) Testing”**

As specified in the Code of Virginia §23-7.3, I certify that administration of the vaccine(s) designated below would be detrimental to this student’s health. The vaccine(s) is (are) specifically contraindicated because (please specify):

- DTaP/DTaP/Tdap;
- OPV/IPV;
- Hib;
- Pneum;
- MDP;
- Rubella;
- Mumps;
- HBV;
- Varicella;
- Meningococcal

This contraindication is permanent: [ ] or temporary [ ] and expected to preclude immunizations until: Date (Mo., Day, Yr.):______________________

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**Signature of Medical Provider/Health Department Official**

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**Health Care Provider or Health Department Signature**

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**Date**
TUBERCULOSIS TESTING
MEDICAL AND NURSING STUDENTS

Name: __________________________________________ DOB: _____________ University ID #: ___________

Students MUST undergo a two-step Tuberculin skin test (TST) OR have one Interferon Gamma Release Assay Test (IGRA). All testing and X-rays must be done during time frames prior to semester start:

Fall start: on or after March 1 | Spring start: on or after July 1

A. Two-Step TST

Test 1: Date placed: _______ Date read: _______ Result: _______ mm □ Positive □ Negative
Test 2: Date placed: _______ Date read: _______ Result: _______ mm □ Positive □ Negative

A PPD/TST of ≥ 10 mm induration is considered positive. However, if the patient is immunocompromised, has had recent exposure to someone with active disease, or has changes on x-ray consistent with prior TB, ≥ 5 is positive.

B. IGRA (preferred for students who have received BCG vaccine)

Date performed: _______ Result: _______ □ Positive □ Negative (Attach copy of lab report)
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: _______ Result: _______ mm or attach IGRA report

TB Symptom Survey (Check all that apply)

□ None □ Cough>3 weeks with or without sputum production □ Coughing up blood
□ Unexplained fever □ Poor appetite □ Unexplained weight loss □ Night sweats □ Fatigue

If yes to any question, please explain further __________________________________________________________

D. Chest X-ray: __________________________ Date: __________________________ □ Positive □ Negative

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).

Attach a copy of the written x-ray report.

E. Treatment for TB disease of 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

Please read the following information on Meningococcal Disease 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 Meningococcal Disease.” 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 Meningococcal Disease, 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 Meningococcal Disease and detailed information on the risks associated with Meningococcal Disease and on the availability and effectiveness of any vaccine, and has chosen not to be or not to have the student vaccinated.”

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. 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](http://www.immunize.org/catg.d/p4210.pdf)

*The vaccine is available through your private health provider, most local health departments and University of Virginia Student Health Services.*
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.

__________________________________________________________________________ Date: __________

Student/Parent Signature