



Certificate of Immunization

Due August 1, 2021

Monroe Park Campus
1300 West Broad Street, Suite 2200
Box 842022, Richmond, VA 23284-2022
PHONE (804) 827-8047 FAX (804) 828-1093
WEB www.health.students.vcu.edu/

All *full-time* students are required by the Code of Virginia (Section 23-7.5) to provide documentation of their immunizations by a licensed health professional. If you are unable to provide appropriate documentation, vaccines may be repeated.
A registration hold for the upcoming semester will be placed if all required immunizations are not up-to-date.

Name _____
Last First MI
 Date of birth _____ Student V# _____ Mobile # () _____
 VCU Email _____ Address _____
 Were you born in the U.S.A.? Yes No If no, country of birth _____ Country of residence _____

Immunization		Dose 1 (MM/DD/YY)	Dose 2 (MM/DD/YY)	Dose 3 (MM/DD/YY)	Dose 4 (MM/DD/YY)
Required Immunizations					
† or ††	Hepatitis B / TWINRIX (circle one) OR HEPLISAV-B™				
†	Measles, Mumps, Rubella (MMR) After 1st birthday and ≥ 28 days apart				
††	Meningococcal Vaccine One dose required after 16th birthday				
	Polio Required for 18 and under OR from countries of high risk including Afghanistan, Nigeria and Pakistan.				
	Tdap or Td (circle one) Current dose within 10 years				
	Tuberculosis (TB) Screening All part and full time students are required to complete the tuberculosis screening form on page 3 OR complete and submit the electronic form available through the Web Portal.				
Recommended Immunizations					
	Diphtheria, Pertussis, Tetanus (DPT)	# doses rcv'd _____	last dose date _____		
	Hepatitis A				
	HPV: HPV4____ HPV9____				
	Meningococcal Group B MenB does not meet the Meningococcal Vaccine requirement				
	Varicella (Chicken Pox) After 1st birthday and ≥ 28 days apart OR date of disease (/ /)				
Alternatives					
† Attach lab result confirming serological immunity					
†† Sign Waiver : Complete the waiver on page 2 or submit the electronic form available through the Web Portal.					

Healthcare Provider or Health Department Signature _____ Date _____ Phone _____

Name

Date of Birth

Student V#



Waivers, Consent and Exemptions

Hepatitis B Vaccine Waiver

I have read and reviewed information on the risk associated with hepatitis B disease, availability and effectiveness of any vaccine against hepatitis B disease and I choose not to be vaccinated against hepatitis B disease.

Signature of Student or Parent/Legal Guardian

Date

Meningococcal Vaccine Waiver

I have read and reviewed information on the risk associated with meningococcal disease, availability and effectiveness of any vaccine against meningococcal disease and I choose not to be vaccinated against meningococcal disease.

Signature of Student or Parent/Legal Guardian

Date

Parental/Guardian consent for treatment of students age 17 years and younger

The law requires that parental permission be obtained in order to provide medical or surgical care to minors. This consent form should be signed by the parents so that medical care may be carried out promptly without unnecessary delays. I hereby authorize the physicians, clinicians, and staff nurses of VCU Student Health Services to examine, interview, test and, if necessary, treat my son/daughter as they deem advisable.

Signature of Student or Parent/Legal Guardian

Date

Medical Exemption

As specified in the Code of Virginia § 22.1-271.2, C (ii), 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):

DTP/DTaP/Tdap:[] ; DT/Td:[] ; OPV/IPV:[] ; Hib:[] ; Pneum:[] ; Measles:[] ; Rubella:[] ; Mumps:[] ; HBV:[] ; Varicella:[]
Meningococcal:[] This contraindication is permanent: [] , or temporary [] and expected to preclude immunizations until:

Date (MM/DD/YY): _____

Signature of Medical Provider/Health Department Official

Date

Religious Exemption

Any student who objects on the grounds that administration of immunizing agents conflicts with his or her religious tenets or practices shall be exempt from the immunization requirements unless an emergency or epidemic of disease has been declared by the Board of Health. An affidavit of religious exemption must be submitted on a Certificate of Religious Exemption (Form CRE-1) found online by visiting health.students.vcu.edu, under the Immunizations tab, and then under the Forms & Documents page.

Name

Date of Birth

Student V#



Virginia Tuberculosis Risk Assessment

First screen for TB Symptoms:

- None Cough Hemoptysis Fever Weight Loss Poor Appetite Night Sweats Fatigue

If present, evaluate for active TB disease. If none, complete risk factor below.

Use this tool to identify asymptomatic **individuals 6 years and older** for latent TB infection (LTBI) testing

- Re-testing should only be done in persons who previously tested negative and have new risk factors since the last assessment
- A negative Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) does not rule out active TB disease
- Once your information is reviewed by Student Health, you may be contacted for further follow-up information.

Check appropriate risk factor boxes below.

TB infection testing is recommended if any of the risks below are checked.

If TB infection test result is positive and active TB disease is ruled out, TB infection treatment is recommended.

Birth, travel, or residence in a country with an elevated TB rate \geq 3 months

- Includes countries other than the United States (US), Canada, Australia, New Zealand, or Western and North European countries
- IGRA is preferred over TST for non-US-born persons \geq 2 years old
- Clinicians may make individual decisions based on the information supplied during the evaluation. Individuals who have traveled to TB-endemic countries for the purpose of medical or health tourism $<$ 3 months may be considered for further screening based on the risk estimated during the evaluation.

Medical conditions increasing risk for progression to TB disease

Radiographic evidence of prior healed TB, low body weight (10% below ideal), silicosis, diabetes mellitus, chronic renal failure or on hemodialysis, gastrectomy, jejunioileal bypass, solid organ transplant, head and neck cancer

Immunosuppression, current or planned

HIV infection, injection drug use, organ transplant recipient, treatment with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone \geq 15 mg/day for \geq 1 month) or other immunosuppressive medication

Close contact to someone with infectious TB disease at any time

None; no TB testing indicated at this time.

Name

Date of Birth

Student V#

Signature of Student or Parent/Legal Guardian

Date

Provider Signature (if indicated)

Date

Once your form is reviewed, you may be contacted for more information if indicated.



Tuberculosis Symptom Survey

Complete IF history of POSITIVE Tuberculin skin test or IGRA (T-Spot or QFT).

*Positive TB Test Date _____ Induration _____ ****OR Positive IGRA Date _____**

*Enclose copy of positive TB test documentation

**Enclose copy of report; IGRA = Quantiferon Gold or T-Spot

Last Chest X-Ray Date _____ Result _____ Enclose copy of latest chest x-ray report.

Have you taken medication for TB infection? Yes No

If Yes, Medication _____ Date began _____ Date completed _____

___INH _____Rifampin _____3HTP (12 week DOT)

Do you currently have any of the following symptoms?

- Cough lasting more than three weeks? Yes No
- Unexplained weight loss? Yes No
- Loss of appetite? Yes No
- Unexplained fatigue? Yes No
- Fever and night sweats? Yes No
- Blood tinged sputum production? Yes No

If "Yes" to any question, please explain further, including date of onset and any treatment.

I am aware that the six symptoms listed above are possible signs/symptoms of active tuberculosis disease that I should promptly report to my healthcare provider.

Signature of Student

Date

For Healthcare Provider Use:

I have reviewed the above information and agree with the student's information as indicated above.

LTBI treatment discussed ___ LTBI brochure offered ___

Healthcare Provider Signature

Date

Phone

Name

Date of Birth

Student V#



Waiver Information for Hepatitis B and Meningococcal Disease

Please read the following information on Hepatitis B and Meningococcal Disease before signing the waiver on page 2 or the waiver available through the Web Portal.

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 pain in muscles, joints and stomach. Many people have no symptoms with the illness. It can also cause long-term (chronic) illness that leads to liver damage, liver cancer and death.

According to the Centers for Disease Control, about 800,000 – 1.4 million people in the U.S. have chronic Hepatitis B infection. Each year approximately 40,000 people, mostly young adults, 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. 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 needle stick exposure.

There are several ways to prevent Hepatitis B infections including avoiding risky behavior, screening pregnant women and vaccination. Vaccine is the best prevention. The vaccine series typically consists of three injections given over a six month period, which are available through your private healthcare provider, health department or University Student Health Services.

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

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 2,600 people get meningococcal disease each year in the U.S. Of these cases, 10-15% die and of those who live, another 10% may require limb amputation, develop kidney failure or brain damage, become deaf, suffer seizures or strokes.

College freshmen, particularly those who live in dormitories, have a slightly increased risk of getting meningococcal disease as illustrated by a case rate of 5.4/100,000 18-23 year olds as opposed to a case rate of 1.4/100,000 18-23 year olds in the general population.

Meningococcal vaccine is effective in preventing four types of meningococcal disease including two of the three most commonly occurring types in the U.S. The vaccine is 85-100% effective in preventing serotype A and C in older children and adults. It does not however protect against serotype B which causes one third of cases in patients 15-24 years. Therefore, in the event of an outbreak, even previously immunized individuals should contact their healthcare providers.

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 21 years or older who are not at increased risk of exposure to N. Meningitidis is not recommended.

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