



# VirginiaTech

Division of Student Affairs

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](mailto:medicalrecords@vt.edu)  
[www.healthcenter.vt.edu](http://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](mailto:health@vt.edu)  
[www.healthcenter.vt.edu](http://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).
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

*Invent the Future*

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY  
*An equal opportunity, affirmative action institution*

**INSTRUCTIONS FOR COMPLETING IMMUNIZATION INFORMATION**

**Marking:** 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 **all students**. "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 **strongly recommended** 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 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; Student Health only stocks Bexsero.
- 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.





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**TUBERCULOSIS TESTING**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ University ID #: \_\_\_\_\_

Students **MUST** undergo 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****\$ TST**Date placed: \_\_\_\_\_ Date read: \_\_\_\_\_ Result: \_\_\_\_\_ mm  Positive  NegativeA PPD/TST of  $\geq 5$  mm induration is considered positive for immunocomprised studentsA PPD/TST of  $\geq 10$  mm induration is considered positive for immigrants from high prevalence countries.A PPD/TST of  $\geq 15$  mm indutaion is considered positive for students with no risk factors.**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.

**& 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)

 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).**E. Treatment for TB disease or Latent TB Infection  Completed  Ongoing**

Dates of treatment regimen: \_\_\_\_\_ to \_\_\_\_\_ (attach documentation)

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Health Care Provider (printed): \_\_\_\_\_ Health Care Provider Signature: \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

## Waiver Information for Meningococcal Disease &amp; 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 pain 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. Meningitidis 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>