

University of Mary Washington

1301 College Avenue, Fredericksburg, VA 22401

Student Health Center - Mercer Hall

Phone 540-654-1040, FAX 540-654-1077

Athletic Training Department – Goolrick Hall Room 102

Phone 540-654-1872 or 1874, FAX 540-654-1892

UMW Immunization Record

Page 1

Student Name: _____ If NCAA list sport: _____
Last First Mi

US citizen born in the US? Yes No If not then country of birth: _____ and year entered US _____

All full-time students are required by the Code of Virginia (Section 23-7.5) to provide documentation of their immunizations by a health care professional (MD, DO, NP, PA or RN). If you are unable to provide documentation, then vaccines may be repeated. If you are a foreign student, the documentation needs to be translated into English. Date of Birth: ____/____/____

Required Vaccinations – You will not be allowed to enroll without documentation.

Tetanus Diphtheria TD or Tdap within the past ten years Date: ____/____/____
Mumps, Measles and Rubella 2 doses of MMR Date #1: ____/____/____ Date #2: ____/____/____
or attach a copy of your lab results confirming immunity
Polio ____ # of doses Date of last dose: ____/____/____
or attach a copy of your lab results confirming immunity

Highly Recommended Vaccinations – You must provide documentation or sign a waiver.

Hepatitis B 3 doses Date #1: ____/____/____ Date #2: ____/____/____ Date #3: ____/____/____
or attach a copy of your lab results confirming immunity
or sign this waiver after reading the attached information about Hepatitis B vaccination.

I have reviewed the information on the second page of this form 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 Date

Meningitis Menactra™ (MCV4) preferred
or Menomune™ (MPSV4) Date: ____/____/____
or sign this waiver after reading the attached information about meningitis vaccination.

I have reviewed the information on the second page of this form on the risk associated with meningococcal disease, availability and effectiveness of any vaccine against meningococcal disease, and I choose not to be vaccinated. _____
Signature Date

Recommended Vaccinations – We recommend these vaccinations but they are not required.

Hepatitis A 2 doses Date #1: ____/____/____ Date #2: ____/____/____
HPV (Gardasil™) 3 doses Date #1: ____/____/____ Date #2: ____/____/____ Date #3: ____/____/____
Varicella (Chicken pox) 2 doses Date #1: ____/____/____ Date #2: ____/____/____
or attach a copy of your lab results confirming immunity or date of the disease: ____/____/____

Permission to Treat –
If student will not be 18 years of age by August 25th, his/her parent or guardian must sign here.

Your health care provider must sign here to verify review of your vaccinations.

Signature of Health Care Provider Date (_____) Phone Number

"I grant permission to the University of Mary Washington Health Center Physician and Staff to provide or secure medical treatment/care as needed for my son/daughter. In the event of a medical or surgical emergency I understand that every effort will be made to contact me prior to treatment, provided that doing so would not further jeopardize my child's health or life."

Signature of parent or guardian Relationship Date

Medical Exemption

As specified in Section 22.1-271.2C(II) of the code, I certify that administration of the vaccines designated above would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because _____

This contraindication is permanent (or) temporary and expected to preclude immunization until _____

Signature of Health Care Provider

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) which may be obtained at any local health department, school division superintendent's office, or local department of social services, or you may obtain a VA religious Exemption Form from <http://www.vahealth.org/schoolhealth/CRE-1.pdf>.

Hepatitis B

Hepatitis B is a potentially fatal viral liver infection spread from person to person by contact with blood and body fluids. Most commonly this is through unprotected sex or by sharing infected needles when using illegal drugs. Hepatitis B may cause an acute, short-term illness with loss of appetite, fatigue, vomiting, diarrhea, muscle and joint aches, and jaundice (your skin and the whites of your eyes turn yellow).

Most people recover uneventfully and have no further problem with the virus. Others though may develop a chronic problem with liver damage, liver cancer, and death. The Centers for Disease Control reports that 1.25 million people in the United States have the chronic form of Hepatitis B with 80,000 people developing new cases each year. You are more likely to get Hepatitis B if you engage in high risk behaviors such as having multiple sexual partners or injecting illegal drugs.

About 4,000 people die each year from chronic Hepatitis B infection. You may prevent infection by avoiding risky behaviors and/or by vaccination. We believe that vaccination is the best prevention for everyone and recommend that you have three injections of Hepatitis B vaccine over a six-month period. The vaccine is highly effective and has few side effects ... typically some soreness at the injection site.

Most primary and secondary school systems require vaccination for school attendance. The State of Virginia mandates that you either have the vaccinations for college attendance or sign a waiver that you are aware of the risks and prefer not to be vaccinated.

You may receive the vaccine through your private health care provider, health department, or at the UMW Student Health Center.

To register for classes you must have documentation of vaccination or sign the waiver on the other side of this form.

Meningococcal Meningitis

Meningococcal disease is the major cause of bacterial meningitis in children 2-18 years old in the United States. Meningitis is an infection of the brain and spinal cord that can spread throughout the body. The Centers for Disease Control reports approximately 2,600 cases of meningococcal disease each year. If you get meningococcal disease, you have a 10 to 15% chance that you will die from it and another 10% chance that you will lose an arm or a leg, develop kidney failure, brain damage, deafness, seizures, or a stroke.

The risk of meningococcal disease is slightly higher in college freshmen living in dormitories with a risk of 5.4 cases for every 100,000 students. Though the risk is small, the consequences can be severe.

Meningococcal vaccine is 85 to 100% effective in preventing meningococcal disease for serotypes A and C. It does not protect against serotype B, which can cause one third of cases. Thus, the vaccine is effective in preventing many but not all cases of meningococcal disease. Should there be an outbreak of meningitis on the UMW campus, you should contact your health care provider whether you had the vaccine or not. Your risk of getting the disease yourself will be much lower if you have received the vaccine.

You may receive the vaccine through your private health care provider, health department, or at the UMW Student Health Center.

To register for classes you must have documentation of vaccination or sign the waiver on the other side of this form.

Where do I send this form?

ALL STUDENTS - send the original **Health History** and **Immunization Record** to:

NCAA ATHLETES – In addition to sending the **original** forms to Student Health, also send a **copy** of the **Health History** and **Immunization Record** to your coach at the following address:

**Student Health Center
University of Mary Washington
1301 College Avenue, Mercer Hall
Fredericksburg VA 22401**

**Your Coach's Name
University of Mary Washington
1301 College Avenue
Goolrick Hall, Room 106A
Fredericksburg VA 22401.**

Name:

Date of Birth: / /

Tuberculosis Screening

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/.

If a student is at low risk for tuberculosis, a PPD is not required for entrance into college.

Question 1

Does the student have **SIGNS or SYMPTOMS of ACTIVE TB DISEASE?** Yes No

(Fever, night sweats, chills, fatigue, unintended weight loss, loss of appetite, pain with breathing or coughing)

If NO proceed to Question 2

If YES proceed with additional evaluation to exclude active TB disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.

Question 2

Is the student a member of a **HIGH RISK GROUP?** Yes No

Students are in a high risk group if they have HIV ... or they inject illegal drugs ... or they 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 ... or they have diabetes, chronic renal failure, leukemias, lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone >= 15 mg/day for >= one month), or other immunosuppressive disorders.

If NO proceed to Question 3

If YES place tuberculin skin test (Mantoux only, inject 0.1 ml of purified Protein Derivative (PPD) tuberculin containing 5 tuberculin units (TU) intradermally into the volar (inner) surface of the forearm. If PPD is not placed, a chest x-ray is required.

Question 3

Has the student **LIVED or TRAVELLED** (spent six weeks or more) in countries where TB is endemic? Yes No

Includes those students who have arrived within the past 5 years from countries **OTHER** than those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia (USA), Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand.

If NO to #1, #2, and #3 neither a PPD nor a chest-ray are required. Please sign below.

If YES Students should undergo tuberculin skin testing and/or chest x-ray.

Please document testing and sign here.

A. **Tuberculin Skin Test** Date given: ___ / ___ / ___ Date read: ___ / ___ / ___

Result: _____ mm (record actual millimeters of induration, not redness. If no induration write "0")

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

B. **Chest X-ray** (required if TB skin test is positive or if PPD has not been placed but patient is at risk of disease)

Results: Normal Abnormal Date of Chest x-ray ___ / ___ / ___

INH initiated Date ___ / ___ / ___ x ___ months

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

Name: _____ Address: _____

Signature: _____ Phone: _____ Date: _____