CERTIFICATE OF IMMUNIZATION



CHRISTOPHER NEWPORT UNIVERSITY
Note: This completed form must be mailed, delivered, or faxed to the following:
OFFICE OF THE
Christopher Newport University (Christopher Newport Hall, Commons), Attn: Office of the Registrar 1 Avenue of the Arts, Newport News, VA 23606

Fax Number: (757) 594-7711

Stude	nt Na	ame	
Last		Last First Middle Date of Birth / / Email	
		hone ()	
	Mı	ust be completed and <u>SIGNED</u> by a licensed healthcare provider & submitted to the Office of the Registrar.	
PAR	T I –	IMMUNIZATION RECORD	
A.	Me	asles, Mumps, Rubella (required)	
	1.	I was born before January 1, 1957 and am considered immune Yes \Box No \Box (if 'no' complete #2 or #3) OR	
	2	MMR (Measles, Mumps, Rubella) Two doses required: 1st Dose// <u>AND</u> 2nd Dose//	
		OR all 3 of the following criteria are met:	
	3	Measles (Rubeola) Positive immune titer// <u>OR</u> two doses of individual rubeola vaccine//	
		Mumps Positive immune titer// OR one dose of individual mumps vaccine//	
		Rubella (German measles) Positive immune titer// OR one dose of individual rubella vaccine//	
В.	Tetanus-Diphtheria (required)/(Must be within last 10 years) OR Tdap/		
C.	Pol 1. 2.	liomyelitis (required) Primary Childhood Series - date completed:// OR Positive immune titer// OR one dose of IPV - Date//	
D	1.	Immunization (hepatitis B) a. Dose #1/ b. Dose #2// c. Dose #3// OR	
	2.	Immunization (combined Hepatitis A and B vaccine) a. Dose #1/ b. Dose #2// c. Dose #3// OR	
		WAIVER: I have reviewed the CDC website regarding Hepatitis B at http://www.cdc.gov/hepatitis/index.htm and have been fully informed of the risks and health hazards of Hepatitis B infection as well as the benefits of the Hepatitis B vaccine. I choose not to be immunized against Hepatitis B infection at this time. Signature of Waiver (student, or if under 18 parent/legal representative:	
E		eningococcal Vaccine	
	1.	Vaccine received on/ (date of vaccination) Menveo Menactra A Booster Dose is recommended (or a signed waiver) for those who received their first dose before age 16.	
		OR	
	2.	WAIVER: I have reviewed the CDC website regarding Meningitis at http://www.cdc.gov/meningitis/index.html and have been fully informed of the risks and health hazards of Meningitis infection as well as the benefits of the Meningitis vaccine. I choose not to be vaccinated against the Meningococcal disease at this time. Signature of Waiver (student, or if under 18 parent/legal representative:	

CONTINUE TO AND SUBMIT PAGE TWO FOR REQUIRED SIGNATURE BLOCK>>>>>>>

Student Name CI	NU ID		
* PART II - Must be completed TUBERCULOSIS SCREENING			
The American College Health Association (ACHA) has published guidelines on tuberculosis screening of college and university students. Christopher Newport University has adopted those guidelines based on their recommendations. 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/corecurr/.			
1. Does the student have signs or symptoms of active TB disease? \Box YES \Box NO			
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.		
2. Is the student a member of a high-risk group or is the student entering the health professions? (See footnote #1	l below) □ YES □ NO		
If NO, stop. No further evaluation is needed at this time.			
If YES , place tuberculin skin test (Mantoux only; inject 0/1 ml of purified protein derivative [PPD] tuberculin into the volar [inner] surface of the forearm). A history of BCG vaccination should not preclude testing of a ma chest x-ray is required (see #4 to record x-ray result).			
3. Tuberculin Skin Test (must have been placed within the last 12 months.)			
Date Given/ Date Read/			
Result: (Record actual mm of induration, transverse diameter; if no induration, write "0")			
Interpretation (based on mm in induration as well as risk factors): Positive Negative			
4. Chest x-ray (required if tuberculin skin test is positive or if PPD has not been placed for any reason):			
Date of chest x-ray:/ Result: □ Normal □ Abnormal			
¹ Categories of high-risk students include those students who have arrived within the past five years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia (USA), Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other 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, leukemia or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone ≥ 15 mg/d for ≥ 1 month) or other immunosupressive disorders. * REQUIRED SIGNATURE BLOCK			
REQUIRED Signature OR Signature Stamp of Licensed Health Professional **See Part II above** Date			
Print Name Address	Phone		
Trade Trade	1 none		
MEDICAL EXEMPTION:TdIPV MeaslesRubellaMumpsMeningococcal G. As specified in Section 12VAC5-110-80 of the Code of Virginia, I certify that the administration of the vaccine(s) designated above would be detrimental to this student's health. This contraindication is (circle one) permanent / temporary and is expected to preclude immunization until, unless an emergency or epidemic of disease has been declared by the Board of Health.			
Signature of Licensed Health Professional D	ate of Signature		
RELIGIOUS EXEMPTION FOR ALL IMMUNIZATIONS H. Section 12VAC5-110-80 of the Code of Virginia states "Any student shall be exempt from the immunization requadministration of immunizing agents conflicts with his/her religious tenets or practice, unless an emergency or ep of Health." Such students must submit a "Certification of Religious Exemption" (form CRE-1), which may be obhttp://www.doe.virginia.gov/support/health_medical/certificate_religious_exemption.pdf.	sidemic of disease has been declared by the Board		