

Certificate of Immunization

PART I – Please Print

Student Name _____
Last First Middle

Social Security Number ____/____/____ CNU ID _____ Date of Birth ____/____/____

Local Phone _____ Application Term: ____Spring ____Fall 20 ____

PART II - Must be completed *and* signed by a licensed health professional.
A. Measles, Mumps, Rubella

 1. ____ I was born before January 1, 1957. I am considered immune. **OR**

2. MMR (Measles, Mumps, Rubella)

Two doses required: 1st Dose ____/____/____ 2nd Dose ____/____/____

OR all 3 of the following criteria are met:

3. Measles (Rubeola)

 Positive immune titer ____/____/____ **OR** 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 ____/____/____

B. Diphtheria, Tetanus

Td Booster – (must be within last 10 years) ____/____/____

C. Poliomyelitis

 1. Primary Childhood Series - date completed : ____/____/____ **OR**

 2. Positive immune titer ____/____/____ **OR** one dose of IPV - Date ____/____/____

D. Tuberculosis Screening - See back of form
E. Meningococcal Vaccine

1. Vaccine received on ____/____/____ (date of vaccination)

Signature or Stamp of Licensed Health Professional	Date
Print Name	Address
	Phone

MEDICAL EXEMPTION: ____ Td ____ IPV ____ Measles ____ Rubella ____ Mumps ____ Meningococcal

As specified in Section 23-7.5 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
Date of Signature

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? YES 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 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 containing 5 tuberculin units [TU] intradermally into the volar [inner] surface of the forearm). A history of BCG vaccination should not preclude testing of a member of a high-risk group. If PPD is not placed, a 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

¹Categories 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, leukemias or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone \geq 15 mg/d for \geq 1 month) or other immunosuppressive disorders.

RELIGIOUS EXEMPTION FOR ALL IMMUNIZATIONS

Section 23-7.5 of the Code of Virginia states "Any student shall be exempt from the immunization requirement who objects on the grounds that administration of immunizing agents conflicts with his/her religious tenets or practice, unless an emergency or epidemic of disease has been declared by the Board of Health." Such students must submit a "Certification of Religious Exemption" (form CRE-1), which may be obtained by contacting the CNU Office of the Registrar.