



# **Submitting Immunizations and Health History**

STEP-BY-STEP INSTRUCTIONS

# REQUIRED FORMS

## Immunization History Packet


- Immunization History Form Part I and II
- Tuberculosis Risk Screening
- Tuberculosis Testing (if applicable)

**Download  
forms at**  
[healthcenter.vt.edu](http://healthcenter.vt.edu)

# REQUIRED FORMS

## Immunization History Form: Part I and II

- Required for all students.
- Fill out the top portion of this form.

 **SCHIFFERT HEALTH CENTER**  
VIRGINIA TECH

**Immunization History Form: Part I**  
[TO BE COMPLETED BY INCOMING STUDENT OR PARENT/LEGAL GUARDIAN]

Due dates for undergraduate students: July 31 (Fall start) and December 31 (Spring Start).  
Due date for graduate students: No later than the third Friday of the first semester attending VT.  
Students with incomplete forms will have an enrollment hold placed on their account and are subject to a \$100 fine.

Student Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ University ID# \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Term Entering: ☐ Fall ☐ Spring  
Student Cell Phone \_\_\_\_\_ Student Alternate Phone Number \_\_\_\_\_ ( ☐ home ☐ work )  
Emergency Contact: (Parent/Guardian/Spouse/Next-of-Kin)  
Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

**CONSENT FOR THE TREATMENT OF MINORS**  
To be completed by parents or legal guardians of students who will be under 18 years of age when arriving on campus.  
The Virginia Tech Schiffert Health Center has my permission to treat my minor child in the event of a medical emergency. Virginia Tech Schiffert Health Center also has my permission to treat my child for routine medical care, including check-ups, immunizations, and/or treatment for minor injuries and illnesses.  
Student/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

COMMONWEALTH OF VIRGINIA LAW REQUIRES THAT THE CERTIFICATE OF IMMUNIZATION AND TB SCREENING BE COMPLETED AND SUBMITTED TO THE UNIVERSITY HEALTH CENTER.

**Instructions for students:**

1. Download and print the Immunization History Form and have it completed and signed by a health care professional. An official immunization record from your doctor or another school will be accepted.
2. Please ensure you have completed all required sections listed prior to submission.
3. Log into the Healthy Hokies Portal (<https://healthyhokies.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.
4. Complete the TB Risk Screen Online in the portal. All students are required to complete this questionnaire.
5. If you are unable to upload your documents, you may mail or fax your documents. Visit [https://healthcenter.vt.edu/about/contact\\_us.html](https://healthcenter.vt.edu/about/contact_us.html) for contact information.

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# REQUIRED FORMS

## Immunization History Form: Part I and II

- Immunizations section to be completed and signed by a licensed health care provider OR include a copy of records signed and stamped by a qualified health provider.

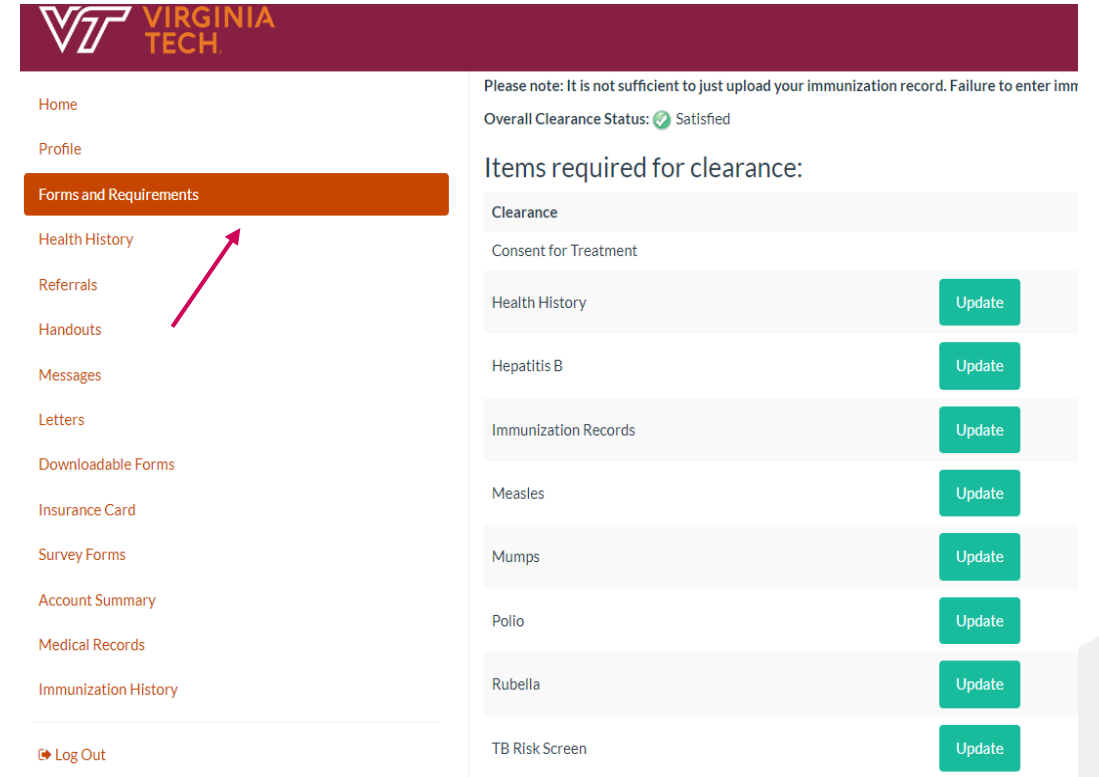
**Immunization History Form: Part II**  
[TO BE COMPLETED AND SIGNED BY HEALTH CARE PROVIDER]  
A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form. For more information about immunization requirements or exemption forms: <https://healthyhokies.healthcenter.vt.edu/>

Required Vaccines	Record Complete Dates (mm/dd/yyyy) of Vaccine Doses Given			
Tdap (NOT DTaP. Dose required ON or AFTER 10th birthday)	Date: ____/____/____			
Tdap Booster (Td or Tdap)	Date: ____/____/____			
Masles, Mumps, Rubella (MMR) Vaccine: First dose received AFTER 1st birthday	1) Date: ____/____/____	2) Date: ____/____/____	Tetanus vaccine is required within the last 10 yrs. Td or Tdap are acceptable. Booster not required if Tdap was within the last 10 yrs.	
Masles (Rubeola)	1) Date: ____/____/____	2) Date: ____/____/____	OR titer indicating immunity. Must attach lab results.	
Rubella	1) Date: ____/____/____	2) Date: ____/____/____	OR titer indicating immunity. Must attach lab results.	
Mumps	1) Date: ____/____/____	2) Date: ____/____/____	OR titer indicating immunity. Must attach lab results.	
Hepatitis B or Combination Hepatitis A and B vaccine (Vaxine) OR titer indicating immunity. Must attach lab results.	Check one: <input type="checkbox"/> 2-dose series <input type="checkbox"/> 3-dose series		3) Date: ____/____/____	4) Date: ____/____/____
Polio (IPV, OPV): at least one dose on or after 4th birthday	1) Date: ____/____/____	2) Date: ____/____/____	Please Note: Serogroup B Meningococcal Vaccine does not meet this requirement	
Meningococcal Vaccine: Initial dose OR a booster dose must have been received on or after 16th birthday. Only for students < 22 years of age.	1) Date: ____/____/____	2) Date: ____/____/____		
<b>Strongly Recommended Vaccines (Not Required)</b>				
Hepatitis A	1) Date: ____/____/____	2) Date: ____/____/____	3) Date: ____/____/____	
Human Papillomavirus Vaccine (HPV)	1) Date: ____/____/____	2) Date: ____/____/____	3) Date: ____/____/____	
Group B Meningococcal Vaccine <input type="checkbox"/> MenB-4C <input type="checkbox"/> MenB-FHpb	1) Date: ____/____/____	2) Date: ____/____/____	OR titer indicating positive immunity. Must attach lab results.	
Varicella (2 doses, one month apart)	1) Date: ____/____/____	2) Date: ____/____/____	3) Date: ____/____/____	4) Date: ____/____/____
COVID-19 Vaccine Please list dates and manufacturer for each dose on the lines provided (ex. Pfizer, Moderna, J&J)	1) Date: ____/____/____ Mfr: _____	2) Date: ____/____/____ Mfr: _____	3) Date: ____/____/____ Mfr: _____	4) Date: ____/____/____ Mfr: _____
<b>Tuberculosis Testing (Required only if B Screening Questionnaire is Positive)</b>				
Tuberculosis testing result: IGRA required for students from any country listed on page 2. PPD Test is chosen, you must include the date placed, read, and reading size. Most recent X-ray results. Required only if Tuberculosis Testing is positive. Treatment for TB disease or Latent TB infection		Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Completed <input type="checkbox"/> Ongoing	Test Method: <input type="checkbox"/> IGRA <input type="checkbox"/> PPD <input type="checkbox"/> Negative <input type="checkbox"/> Ongoing	Date of Test/Placed: ____/____/____ Date PPD Read: ____/____/____ Date of Test: ____/____/____ Dates of treatment: Must attach documentation. ____/____/____ to ____/____/____ Must attach copy of result for IGRA or PPD. Reading size (in mm): ____ Must attach copy of report.
All steps must be after 3/1 (Fall start) or 7/1 (Spring start)				
If students with a positive IGRA or TST and no signs of active disease on chest x-ray should receive education and treatment recommendations for Latent Tuberculosis Infection (LTBI). LTBI must be reported in VA: <a href="http://www.vdh.virginia.gov/tuberculosis">http://www.vdh.virginia.gov/tuberculosis</a>				
Signature of health care provider is	Printed Name: _____		Phone: _____	
	Address: _____		Date: _____	

# REQUIRED FORMS

## Uploading Immunizations

- Log in to the Healthy Hokies Portal.
- Visit the Forms and Requirements section.
- Each item listed is a requirement for all students.
- Complete each item listed by clicking 'Update'.



**VT VIRGINIA TECH**

Home  
Profile  
**Forms and Requirements**  
Health History  
Referrals  
Handouts  
Messages  
Letters  
Downloadable Forms  
Insurance Card  
Survey Forms  
Account Summary  
Medical Records  
Immunization History  
Log Out

Please note: It is not sufficient to just upload your immunization record. Failure to enter imm

Overall Clearance Status: Satisfied

Items required for clearance:

Clearance	
Consent for Treatment	
Health History	<a href="#">Update</a>
Hepatitis B	<a href="#">Update</a>
Immunization Records	<a href="#">Update</a>
Measles	<a href="#">Update</a>
Mumps	<a href="#">Update</a>
Polio	<a href="#">Update</a>
Rubella	<a href="#">Update</a>
TB Risk Screen	<a href="#">Update</a>

# REQUIRED FORMS

## Uploading Immunizations

- For each required immunization, you will find information about accepted vaccination dates in the blue box.
- Upload an image of your document. If you have original documentation, you may add this here. Otherwise, you may upload the Immunization History Form: Part II.
- Enter the date the shot was given and select the type of vaccine administered.

The screenshot shows a web form titled "Tetanus / Diphtheria / Pertussis". At the top, a blue box contains the text: "This compliance can be satisfied by one Td or Tdap vaccine within 10 years prior to arrival at Virginia Tech." Below this, a section titled "Immunization Record" has a red "Upload Needed" status. It lists three requirements: uploading a readable immunization record with full name and date of birth, accepted upload formats (gif, jpg, png, pdf), and no special characters in the file name. There are "Download" (with "Preview" and "Download" buttons) and "Upload" (with an "Upload" button) options. The status is "Upload Required". Below this is a "Doses of Tdap Vaccine" section with two fields: "Date 1" (a date input field with a placeholder "MM/DD/YYYY") and "Vaccine1" (a dropdown menu with "Select one..." and a downward arrow). At the bottom right are "Cancel" and "Done" buttons.

# REQUIRED FORMS

## Tuberculosis Screening

- Required for all students.
- Log in to the Healthy Hokies Portal.
- Visit the Forms and Requirements section.
- If you answer “yes” to any question, you must complete Tuberculosis Testing and submit test results and documents.

The screenshot shows the Virginia Tech Healthy Hokies Portal. The left sidebar contains a navigation menu with the following items: Home, Profile, Forms and Requirements (highlighted with an orange bar and a red arrow), Health History, Referrals, Handouts, Messages, Letters, Downloadable Forms, Insurance Card, Survey Forms, Account Summary, Medical Records, Immunization History, and Log Out. The main content area displays a message: "Please note: It is not sufficient to just upload your immunization record. Failure to enter imm". Below this, it shows "Overall Clearance Status: Satisfied" with a green checkmark. A section titled "Items required for clearance:" lists several items, each with an "Update" button. The items are: Clearance, Consent for Treatment, Health History, Hepatitis B, Immunization Records, Measles, Mumps, Polio, Rubella, and TB Risk Screen (highlighted with a red arrow). The TB Risk Screen item is the focus of the slide.

Items required for clearance:	
Clearance	
Consent for Treatment	
Health History	<a href="#">Update</a>
Hepatitis B	<a href="#">Update</a>
Immunization Records	<a href="#">Update</a>
Measles	<a href="#">Update</a>
Mumps	<a href="#">Update</a>
Polio	<a href="#">Update</a>
Rubella	<a href="#">Update</a>
TB Risk Screen	<a href="#">Update</a>



# REQUIRED FORMS

## Tuberculosis Testing

- Only required if you answered “Yes” to any questions on the Tuberculosis Screening Form
- To be completed and signed by a licensed health care provider


Tuberculosis Testing (Required only if TB Screening Questionnaire is Positive)	All steps must be after 3/1 (Fall start) or 7/1 (Spring start)			
Tuberculosis testing result: IGRA <u>required</u> for students from any country listed on page 2. If PPD Test is chosen, you must include the date placed, read, and reading size.	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Test Method: <input type="checkbox"/> IGRA <input type="checkbox"/> PPD	Date of Test/Placed: __/__/____ Date PPD Read: __/__/____	Must attach copy of result for IGRA or PPD. Reading size (in mm): _____
Chest X-ray results. <b>Required only if Tuberculosis Testing Positive.</b>	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date of Test: __/__/____	Must attach copy of report.
Treatment for TB disease or Latent TB infection	<input type="checkbox"/> Completed	<input type="checkbox"/> Ongoing	Dates of treatment: Must attach documentation. __/__/____ to __/__/____	
All students with a positive IGRA or TST and no signs of active disease on chest x-ray should receive education and treatment recommendations for Latent Tuberculosis Infection (LTBI). LTBI must be reported in VA: <a href="http://www.vdh.virginia.gov/tuberculosis">http://www.vdh.virginia.gov/tuberculosis</a>				

















# Verifying Compliance

- Allow 5-7 business days for your forms to be processed.
- You can see your Overall Clearance status in the Forms & Requirements section.
- Immunization dates that are missing or do not meet defined date parameters will be marked incomplete.
- Please check your Healthy Hokies Portal for correspondence from health center staff.

Please note, it is not sufficient to just upload your immunization records, it is also critical to enter immunization dates with results to show compliance with medical clearance requirements.

Overall Clearance Status:  Satisfied

Items required for clearance:

Clearance		Status	Details
Consent for Treatment			
Health History	 Update	 Compliant	Satisfied 
Hepatitis B	 Update	 Compliant	Satisfied 
Immunization Records	 Update	 Compliant	Satisfied 
Measles	 Update	 Compliant	Satisfied 
Mumps	 Update	 Compliant	Satisfied 