Congratulations on your acceptance!

We at 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.

Immunization History Form

Fall Entry: July 31
Spring Entry: December 31

You and your health care provider must complete and sign the Immunization History form. Submit your form by uploading a digital version to: healthyhokies.healthcenter.vt.edu
Forms may also be mailed or faxed if needed.

Consent for 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.

Health History

Complete the online Health History section at https://healthyhokies.healthcenter.vt.edu

Exemptions to Immunizations

On occasion, a student may elect to opt out of vaccination requirements based on religious beliefs or medical reasons (TB testing is still required). Please visit the Healthy Hokies Portal for forms and directions for completion.

Resources

Scheduling Visits: You can call (540) 231-6444 or visit the Student Health Portal if you’d like to schedule an appointment. To learn more about the services and resources we offer, visit www.healthcenter.vt.edu

Allergy & Immunization Clinic:
Our Allergy and Immunization Clinic can continue allergy immunotherapy injections ordered by your current allergist while you are at VT. To learn more visit https://healthcenter.vt.edu/ourservices/allergy_immunization_clinic.html

Please ensure that you have completed all required sections. You may log into the Healthy Hokies Portal to verify receipt of your form (please allow 5 business days). You will be notiﬁed of any incomplete requirements by secure message.

Contact Information

895 Washington Street, SW
Blacksburg, VA, 24061
Phone: 540-231-6444
Fax: 540-231-6900 or 540-231-7473
medicalrecords@vt.edu
www.healthcenter.vt.edu
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: ____________________________________________________________________________________________________

Term Entering:  □ Fall   □ Spring

Student Cell Phone _____-_____-_____ Student Alternate Phone Number _____-_____-_____ ( □ home □ work)

Emergency Contact: (Parent/Guardian/Spouse/Next-of-Kin)

Name: _________________________________________________________ Relationship to Student: _______________________

Last First

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 Schiffrt Health Center has my permission to treat my minor child in the event of a medical emergency. Virginia Tech Schiffrt 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.

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 for contact information.
**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/](https://healthyhokies.healthcenter.vt.edu/)

### Required Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Record Complete Dates (mm/dd/yyyy) of Vaccine Doses Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap (NOT DtaP. Dose required ON or AFTER 10th birthday)</td>
<td>Date: <strong>/</strong>/____</td>
</tr>
<tr>
<td>Tetanus Booster (Td or Tdap)</td>
<td>Date: <strong>/</strong>/____</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR) Vaccine</td>
<td>Date: <strong>/</strong>/____</td>
</tr>
<tr>
<td>Rubella</td>
<td>Date: <strong>/</strong>/____</td>
</tr>
<tr>
<td>Mumps</td>
<td>Date: <strong>/</strong>/____</td>
</tr>
<tr>
<td>Polio (IPV, OPV): at least one dose on or after 4th birthday</td>
<td>Date: <strong>/</strong>/____</td>
</tr>
</tbody>
</table>

### Strongly Recommended Vaccines (Not Required)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Record Complete Dates (mm/dd/yyyy) of Vaccine Doses Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>Date: <strong>/</strong>/____</td>
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<td>Date: <strong>/</strong>/____</td>
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</table>

### Tuberculosis Testing (Required only if TB Screening Questionnaire is Positive)

Tuberculosis testing result: IGRA **required** for students from any country listed on page 2.

- If PPD Test is chosen, you must include the date placed, read, and reading size.

**Chest X-ray results. **Required only if Tuberculosis Testing Positive.

**Treatment for TB disease or Latent TB infection**

- Completed
- Ongoing

All steps must be after 3/1 (Fall start) or 7/1 (Spring start)

**Signature of health care provider is required.**

<table>
<thead>
<tr>
<th>Printed Name: ___________________________</th>
<th>Phone: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: _______________________________</td>
<td>Date: ____________________________</td>
</tr>
</tbody>
</table>

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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/](https://healthyhokies.healthcenter.vt.edu/)