

Residence Life**CERTIFICATE OF IMMUNIZATIONS****Form must be completed and signed by a licensed healthcare provider**Submit to Residence Life via MyHousing portal at housing.rbc.edu/loginFax: (804)863-1975 Email: ResidenceLife@rbc.edu

Student First Name _____ Last Name _____

R Number R _____ Date of Birth ____/____/____ Current Date ____/____/____

MUST BE COMPLETED & SIGNED BY A LICENSED HEALTHCARE PROVIDER**1A Measles, Mumps, Rubella Required**

1. Student was born before January 1, 1957 and is considered Immune. YES
- ☐
- NO
- ☐

OR

2. MMR Two-Dose Vaccination 1
- st
- Does ____/____/____ 2
- nd
- Dose ____/____/____

OR

3. One each from A, B, & C

- a. Measles (Rubeola) Positive immune titer ____/____/____

OR Individual Rubeola 1st Does ____/____/____ 2nd Dose ____/____/____

- b. Mumps Positive immune titer ____/____/____

OR Individual Mumps One Does ____/____/____

- c. Rubella (German measles) Positive immune titer ____/____/____

OR Individual Rubella One Does ____/____/____**1B Tetanus-Diphtheria Required**

1. Primary Childhood Series ____/____/____

OR

(date completed)

2. ____/____/____ (Must be within
- 10 years**
-)

OR

3. ____/____/____ Tdap

1C Poliomyelitis Required

1. Primary Childhood Series ____/____/____

OR

(date completed)

2. Positive immune titer ____/____/____

OR

3. One does of IPV ____/____/____

1D Hepatitis B vaccinations or wavier required

1. Immunization (hepatitis B) 1
- st
- Does ____/____/____ 2
- nd
- Dose ____/____/____

OR3rd Does ____/____/____

2. Immunization (combined hepatitis A and B vaccine)

1st Does ____/____/____ 2nd Dose ____/____/____**OR**3rd Does ____/____/____

3. WAVIER: 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 (Student or parent/legal representative if under 18) _____**1D Hepatitis B vaccinations or wavier required**

1. Vaccine Received On ____/____/____ Menveo _____ Menactra _____

Booster Does (**required if received before age 16**) ____/____/____**OR**3rd Does ____/____/____

2. WAVIER: 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 (Student or parent/legal representative if under 18) _____**CONTINUE TO SECOND PAGE FOR COMPLETION & SIGNATURE BLOCK**

2 Tuberculosis Screening *Must be completed*

The American College Health Association (ACHA) has published guidelines on tuberculosis screening of college and university students. Richard Bland College 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

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? (see footnote 1) 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 **last 12 months**)
Date Given ____/____/____ Date Read ____/____/____
Results: _____ (Record actual mm of induration, transverse diameter; if no induration write "0")
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 ____/____/____ Results: 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 immunosuppressive disorders.

3 Required Signature Block *Must be signed or stamped by licensed health professional*

Signature of Licensed Health Professional

Date of Signature

Print Name _____ Address _____ Phone _____

Medical Exemptions *Must be signed or stamped by licensed health professional*

Initial Exemptions ___Td ___IPV ___Measles ___Rubella ___Mumps ___Meningococcal

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

Date of Signature

Religious Exemptions for All Immunizations

Section 12VAC5-110-80 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 via http://www.doe.virginia.gov/support/health_medical/certificate_religious_exemption.pdf.

OFFICE USE ONLY Date Processed ____/____/____ Initials _____ Notes _____