PART I – IMMUNIZATION RECORD

A. Measles, Mumps, Rubella (required)
   1. I was born before January 1, 1957 and am considered immune Yes □ No □ (if ‘no’ complete #2 or #3)  
      OR
   2. MMR (Measles, Mumps, Rubella)
      Two doses required: 1st Dose _____/_____/_______ AND 2nd Dose _____/_____/_______
      OR all 3 of the following criteria are met:
   3. Measles (Rubella)
      Positive immune titer _____/_____/_______ OR two doses of individual rubeola vaccine _____/_____/_______
      Mumps
      Positive immune titer _____/_____/_______ OR one dose of individual mumps vaccine _____/_____/_______
   4. Rubella (German measles)
      Positive immune titer _____/_____/_______ OR one dose of individual rubella vaccine _____/_____/_______

B. Tetanus-Diphtheria (required)
   _____/_____/_____ (Must be within last 10 years) OR Tdap _____/_____/_______

C. Poliomyelitis (required)
   1. Primary Childhood Series - date completed: _____/_____/_______ OR
   2. Positive immune titer _____/_____/_______ OR one dose of IPV - Date _____/_____/_______

D. Hepatitis B (vaccinations or waiver required)
   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
   3. WAIVER: I have received the information provided by CNU on the health risks associated with the hepatitis infection and understand the benefit of receiving the Hepatitis vaccine, and choose NOT to receive the hepatitis B vaccine.

   Signature of Waiver (student, or if under 18 parent/legal representative: ______________________________)

E. Meningococcal 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 received the information provided by CNU on the health risks associated with meningitis infection and understand the benefit of receiving the meningococcal vaccine, and choose NOT to receive the meningococcal vaccine.

   Signature of Waiver (student, or if under 18 parent/legal representative: ______________________________)

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

Students who do not submit the required immunization information may not be eligible for future registration and/or schedule adjustments until they have complied with the immunization requirement.
**PART II - Must be completed**

**TUBERCULOSIS SCREENING**

F. 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

* 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.  

**REQUIRED SIGNATURE BLOCK**

**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  

**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.

**OFFICE of the RESISTRAR USE ONLY**  

Date Processed: __________  Initials: __________  Notes: __________