

Welcome!

The Department of Student Health and Wellness (SHW) congratulates you on your acceptance to UVA! SHW includes Counseling and Psychological Services, Medical Services, the Office of Health Promotion, the Student Disability Access Center, and the Gordie Center, and our teams are here to help you promote your well-being and to restore your health in the event of illness, injury, or a mental health concern. **Both in-person and remote services are available to you in our new Student Health and Wellness building, opening in fall 2021, as our community plans to return to in-person instruction and more normal operations in fall 2021.**

Building immunity to common communicable diseases is a critical first step in protecting your personal health and that of your patients. Completion of the **pre-entrance health form** (included in the following pages) allows you to demonstrate that you have met the Commonwealth of Virginia's basic immunization requirements known to promote healthy communities.

Sincerely,

Chris Holstege, M.D.

*Executive Director, Department of Student Health and Wellness*

## RESOURCES:

- **Scheduling Visits:** After you complete and submit your pre-entrance health form, call **434-924-5362** or visit the HealthyHoos patient portal if you'd like to schedule an appointment in our department. To learn more about the services and resources we offer, visit [studenthealth.virginia.edu](http://studenthealth.virginia.edu)
- **Connect with Local Specialists:** Care Managers can offer advice to new students who are seeking medical and mental health services beyond the scope of SHW. Care Managers can be reached in Medical Services by calling **434-982-3915** or in Counseling and Psychological Services (CAPS) by calling **434-243-5150**.
- **Allergy Clinic:** Our Allergy Clinic can continue allergy immunotherapy injections ordered by your current allergist while you are at UVA. To learn more, visit: [studenthealth.virginia.edu/allergy-clinic](http://studenthealth.virginia.edu/allergy-clinic)
- **Student Disability Access Center (SDAC):** SDAC provides a wide range of individualized services and accommodations to ensure an inclusive and accessible educational experience for all students. Learn more: [studenthealth.virginia.edu/sdac](http://studenthealth.virginia.edu/sdac)

## IMPORTANT DUE DATES:

- **Pre-Entrance Health Form**  
*Fall Entry: August 1, 2021*  
*Spring Entry: January 31, 2022*  
You and your health care provider must complete and sign the pre-entrance health form. Submit your form by uploading a digital version to: [studenthealth.virginia.edu/healthyhoos-patient-portal](http://studenthealth.virginia.edu/healthyhoos-patient-portal)  
Click on "Upload" and follow the instructions. Questions? Contact Medical Records: **434-924-1525**
- **Health Insurance Coverage:**  
UVA requires all students to have health insurance. You must either submit proof of current insurance or enroll in the UVA-sponsored Aetna student health plan.  
*Fall Entry:* Enroll or submit proof from: **July 19, 2021 - August 31, 2021**  
*Spring Entry:* Enroll or submit proof from: **November 15, 2021 – January 31, 2022**  
To learn more, start the enrollment process, or submit proof of insurance: [studenthealth.virginia.edu/insurance](http://studenthealth.virginia.edu/insurance)  
Additional questions? Call **434-243-2702** or email [sth-ins@virginia.edu](mailto:sth-ins@virginia.edu)

Student Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ University ID #: \_\_\_\_\_

**Entire Form due 8/1/21 (Fall), or 1/31/22 (Spring) to avoid \$100 late fee. Form preferably completed in English.**

## Medical and Nursing Pre-Entrance Health Form: PART I

[TO BE COMPLETED BY INCOMING STUDENT OR PARENT/LEGAL GUARDIAN]

Student Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_/\_\_\_/\_\_\_ University ID# \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Name of parent or Legal Guardian 1: \_\_\_\_\_ Phone \_\_\_-\_\_\_-\_\_\_ Work or Cell \_\_\_-\_\_\_-\_\_\_

Name of Parent or Legal Guardian 2: \_\_\_\_\_ Phone \_\_\_-\_\_\_-\_\_\_ Work or Cell \_\_\_-\_\_\_-\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_-\_\_\_-\_\_\_ Work or Cell \_\_\_-\_\_\_-\_\_\_

### Long Term Signature Agreement

To be completed by the student or parent/legal guardian for minor. Signing this Long-Term Signature Agreement assures that relevant information can be sent to your insurance company if insurance claims are filed on your behalf.

*I hereby assign the benefits of my insurance policy to the University of Virginia Student Health Department and University of Virginia Health System, as appropriate. I understand that I am responsible for all charges that are not paid by that policy.*

Student/Parent Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Consent for the Treatment of Minors (for students 17 years and younger)

To be completed by parents or legal guardians of students who will be under the age of 18 when arriving on Grounds.

*The University of Virginia Department of Student Health and Wellness has my permission to treat my minor child in the event of a medical emergency. The University of Virginia Department of Student Health and Wellness 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: \_\_\_/\_\_\_/\_\_\_

### Alert: Health Insurance Verification Program

The University of Virginia requires all students who pay the comprehensive fee with their tuition to have health insurance that meets specific coverage requirements (i.e., comparable coverage). Proof of insurance for the Health Insurance Verification program must be submitted online between July 19, 2021 and August 31, 2021 (Fall) in order to meet this requirement at the following address: [www.uvastudentinsurance.com](http://www.uvastudentinsurance.com)

If proof of comparable coverage is not submitted (whether a student fails to submit any documentation or because a student's health plan is determined not to provide adequate comparable coverage), the student will be responsible for the full cost for single coverage under the University-endorsed Aetna Student Health Insurance plan.

For more information: <https://www.studenthealth.virginia.edu/health-insurance-verification>

**Entire Form due 8/1/21 (Fall), or 1/31/22 (Spring) to avoid \$100 late fee. Form preferably completed in English.**

## Medical and Nursing Pre-Entrance Health 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:

<http://www.studenthealth.virginia.edu/pre-entrance-health-form>

Required Vaccines	Record Complete Dates (mm/dd/yyyy) of Vaccine Doses Given			
Tdap (one dose required on or after 10 <sup>th</sup> birthday)	1			
Tetanus Booster (if Tdap > 10 years ago)	1			
Polio (IPV, OPV)	1	2	3	4
Measles, Mumps, Rubella (MMR) Vaccine	1	2		
Measles (Rubeola)	1	2	Or date of Serologic Confirmation of Measles Immunity (must attach copy of lab result):	
Rubella	1		Or date of Serologic Confirmation of Rubella Immunity (must attach copy of lab result):	
Mumps	1	2	Or date of Serologic Confirmation of Mumps Immunity (must attach copy of lab result):	
Meningococcal Vaccine (A, C, Y, W-135) (initial or booster dose must be on or after 16 <sup>th</sup> birthday) Required only for students < 22 years of age.	1			
Hepatitis B Vaccine <input type="checkbox"/> 2-dose vaccine used to complete series.	1	2	3	
Quantitative Hepatitis B Antibody (required) Must attach copy of lab result.	Date:	Result:		
Hepatitis B Vaccine Booster Only indicated for students with quantitative Hepatitis B Antibody < 10mIU/mL	1			
Quantitative Hepatitis B Antibody #2 Only indicated if Hepatitis B booster dose was given. Obtain antibody test at least 1-2 months following booster vaccine. If result < 10 mIU/ml contact Student Health.	Date:	Result:		
Varicella	1	2	Or date of Serologic Confirmation of Varicella Immunity (must attach copy of lab result):	
COVID-19 Vaccine - <b>include manufacturer name</b> <b>Fall Start - DUE July 1st, 2021</b> <b>Spring Start - DUE December 1st, 2021</b>	Please upload separately to the HealthyHoos patient portal ( <a href="http://healthyhoos.virginia.edu">healthyhoos.virginia.edu</a> , login using Netbadge.) Click on "upload" and then select "COVID-19 Vaccine Immunization Information"			
Recommended Vaccines	Record Complete Dates (mm/dd/yyyy) of Vaccine Doses Given			
Hepatitis A	1	2		
Human Papillomavirus Vaccine (HPV)	1	2	3	
Serogroup B Meningococcal Vaccine <input type="checkbox"/> MenB-4C <input type="checkbox"/> MenB-FHpb	1	2	3	
Other	1	2	3	4

**TO BE COMPLETED BY HEALTH CARE PROVIDER:**

Signature of Medical Provider/Health Department Official: \_\_\_\_\_

Medical Provider Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ University ID #: \_\_\_\_\_

**Entire Form due 8/1/21 (Fall) or 1/31/22 (Spring) to avoid \$100 late fee. Form preferably completed in English.**

## Medical and Nursing Pre-Entrance Health Form: PART III

[TO BE COMPLETED AND SIGNED BY HEALTH CARE PROVIDER]

All students MUST have one Interferon Gamma Release Assay Test (IGRA) OR a two- or three-step Tuberculin Skin Test (TST).  
All testing and X-rays must be done after the specified date: Fall entry: 3/1/2021; Spring entry: 7/1/2021.\*

\*The CDC recommends postponing TST and IGRA testing until  $\geq 4$  weeks after completion of COVID vaccine series; students will be provided with a 30-day grace period after last vaccine to submit the information below. Testing completed too early may require repeat testing.

**IGRA- Required if patient has received BCG vaccine or was born in country of high TB incidence:**

<http://www.vdh.virginia.gov/content/uploads/sites/112/2019/01/High-TB-Burden-Country-List-2019.pdf>

Date Obtained:	QFT-GIT___ T-Spot___	Result: Negative___ Positive___
<b>Must attach copy of lab report.</b>		

**Two-Step TST -- The first TST should be read 48–72 hours following placement. The second must be placed no less than 7 days and not more than 3 months from the reading from the first, or both steps must be repeated.**

Test 1:	Date placed:	Date read:	Result: _____mm	Negative___	Positive___
Test 2:	Date placed:	Date read:	Result: _____mm	Negative___	Positive___

**Three-Step TST --There must be no less than 7 days between first placement and first reading. The second test is placed the same day as the first reading and should be read within 48-72 hours.**

Test 1:	Date placed:	Date read:	Result: _____mm	Negative___	Positive___
Test 2:	Date placed:	Date read:	Result: _____mm	Negative___	Positive___

**History of a prior Positive IGRA or TST – record results and complete TB Symptom Survey.**

Date of positive IGRA: _____	QFT-GIT___ T-Spot___ Other___
Date of positive TST: _____	Result: _____mm

**TB Symptom Survey (Check all that apply)**

<input type="checkbox"/> None	<input type="checkbox"/> Coughing up blood	<input type="checkbox"/> Night sweats
<input type="checkbox"/> Cough > 3 weeks with or without sputum production	<input type="checkbox"/> Unexplained weight loss	<input type="checkbox"/> Fatigue

**Chest x-ray: (Required if IGRA or TST is positive). Report in English must be attached to this form.**

Date of chest x-ray:	Result: Normal ___ Abnormal ___	
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**Management of Positive TST or IGRA**

All students with a positive IGRA or TST with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with M. tuberculosis (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

Treatment initiated  
 Student declines treatment at this time.

**TO BE COMPLETED BY HEALTH CARE PROVIDER:**

Signature of Medical Provider/Health Department Official: \_\_\_\_\_

Medical Provider Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_