

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 and our community's health. 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:* *Dates Coming Soon*  
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 must be completed in English.**

## 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>

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

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

## Pre-Entrance Health Form: PART II

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

### Tuberculosis (TB) Screening Questionnaire: Students have the option of completing Part II online.\*

Have you ever had close contact to someone with infectious TB disease at any time?  YES  NO

Have you had a previous positive TB test?  YES  NO

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  YES  NO

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?  YES  NO

Do you have a suppressed immune system (ex. HIV infection, injection drug use, organ transplant recipient, treatment with immunosuppressant medication)?  YES  NO

Do you have a medical condition with increased risk for progression to TB disease (ex. body weight < 10% ideal, silicosis, diabetes, chronic renal failure, gastrectomy, jejunioleal bypass, solid organ transplant, head/neck cancer)?  YES  NO

Were you born or had travel/ residence for > 3months in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country below.)  YES  NO

Afghanistan	Colombia	India	Myanmar (Burma)	Solomon Islands
Algeria	Comoros	Indonesia	Namibia	Somalia
Angola	Congo	Iraq	Nauru	South Africa
Anguilla	Côte d'Ivoire	Kazakhstan	Nepal	South Korea (Republic of Korea)
Argentina	Democratic Republic of the Congo	Kenya	Nicaragua	South Sudan
Armenia	Congo	Kiribati	Niger	Sri Lanka
Azerbaijan	Djibouti	Kuwait	Nigeria	Sudan
Bangladesh	Dominican Republic	Kyrgyzstan	Niue	Suriname
Belarus	Ecuador	Lao People's Democratic Republic	Northern Mariana Islands	Tanzania (United Republic)
Belize	El Salvador	Latvia	North Korea (Democratic People's Republic)	Tajikistan
Benin	Equatorial Guinea	Lesotho	Pakistan	Thailand
Bhutan	Eritrea	Liberia	Palau	Timor-Leste
Bolivia	Eswatini (formerly Swaziland)	Libya	Panama	Tokelau
Bosnia and Herzegovina	Ethiopia	Lithuania	Papua New Guinea	Togo
Botswana	Fiji	Madagascar	Paraguay	Trinidad
Brazil	French Polynesia	Malawi	Peru	Tunisia
Brunei Darussalam	Gabon	Malaysia	Philippines	Turkmenistan
Bulgaria	Gambia	Maldives	Portugal	Tuvalu
Burkina Faso	Georgia	Mali	Qatar	Uganda
Burundi	Ghana	Marshall Islands	Romania	Ukraine
Cabo Verde	Greenland	Mauritania	Russian Federation	Uruguay
Cambodia	Guam	Mexico	Rwanda	Uzbekistan
Cameroon	Guatemala	Micronesia (Federated States of)	Sao Tome and Principe	Vanuatu
Central African Republic	Guinea	Moldova (Republic of)	Senegal	Venezuela
Chad	Guinea-Bissau	Mongolia	Serbia	Viet Nam
China	Guyana	Morocco	Sierra Leone	Yemen
China, Hong Kong SAR	Haiti	Mozambique	Singapore	Zambia
China, Macao SAR	Honduras			Zimbabwe

I affirm that all of the above information is accurate.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*To complete online: <https://www.healthyhoos.virginia.edu>. Click on "forms" and select HealthyHoos TB Screening Questionnaire.

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

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

### Pre-Entrance Health Form: PART III

[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	Or date of Serologic Confirmation of Hepatitis B 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	
Varicella	1	2	Or date of Varicella Disease or Serologic Confirmation of Varicella Immunity (must attach copy of lab result):	
Other	1	2	3	4
<b>Required Tuberculosis Screening (all students): All steps must be after 3/1/21 (Fall) or 7/1/21 (Spring)*</b>				
*The CDC recommends postponing TST and IGRA testing until ≥ 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.				
Tuberculosis Screening Questionnaire Result (see page 2)	<input type="checkbox"/> Positive (any questionnaire response of "yes")	<input type="checkbox"/> Negative (all questionnaire responses "no")		
Tuberculosis Testing Result. <b>Required only if TB Screening Questionnaire Positive.</b> IGRA <b>required</b> for students from any country listed on page 2. IGRA preferred for all other students.	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Test method: <input type="checkbox"/> IGRA <input type="checkbox"/> PPD	Date of Test:	Must attach copy of result for IGRA.
Chest X-ray result. <b>Required only if Tuberculosis Testing Positive.</b>	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date of test:	Must attach copy of report.
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>				

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

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

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

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