Dear Ferrum College Student:

Welcome! The Office of Student Life and Engagement congratulates you on your acceptance to Ferrum College! Our team is here to help you promote your well-being and to restore your health in the event of illness, or a mental health concern. OSLE also includes Counseling and Psychological Services. Medical Services are provided by Tri-Area Community Health Center and Pharmacy, 180 Ferrum Mountain Rd, Ferrum, VA 24088.

Completion of the pre-entrance health form (included in the following pages) allows you to demonstrate that you have met the basic immunization requirements known to promote healthy communities, as required to enter Ferrum College. Information contained herein is confidential as part of your records and will not be disclosed without your written permissions, except in the event of an emergency. Information on this form may be shared with the Virginia Department of Health as needed, and/or, our contracted college health provider, Tri-Area Community Health.

Please note the following requirements:

1. **Designated Emergency Contact(s):** May be your parent, guardian, spouse, or next-of-kin who could be of support to you, or assist with medical decision making in the event you are unable to speak for yourself.

2. **Exemptions to Immunizations:** On occasion, a student may elect to opt out of vaccine requirements based on their religious beliefs or medical reasons (TB testing is still required).

3. **Certificate of Immunization & Tuberculosis Screening/Testing:** These must be completed by your healthcare provider. All students are required to have the tuberculosis screening completed.

Sincerely,

The Office of Student Life and Engagement
INSTRUCTIONS FOR COMPLETING IMMUNIZATION INFORMATION

Marking: Please print using black ink. Read carefully and fill in all applicable information. All information regarding Immunization and Tuberculosis screening/testing must be in English.

Immunizations: To be completed and signed by a Health Care Provider

Required vaccinations/screening for all students:

A. Measles, Mumps, Rubella (MMR): Two doses of MMR or individual vaccines of each required, at least 4 weeks apart, given on or after the first birthday. Not required if born before 1957. Titers proving immunity are acceptable; please provide a copy of the report with the date(s) and result(s) of positive titer(s).

B. Tetanus Diphtheria-Pertussis: Primary series (DTap, DTP, DT or Td) plus booster within the last 10 years of fall entry or spring entry. Tdap is the preferred one time booster. Tdap may be given regardless of interval since lastTd.

C. Poliomyelitis (OPV) or (IPV): Completed primary series is required. Please provide all dates as well as any boosters received since that date. A titer proving immunity is acceptable; please provide the date of a positive titer; please provide a copy of the report with the date and result of positive titer.

D. Hepatitis B: Students must have documentation of a completed vaccination series. The Twinrix immunization series is an acceptable alternative, as is a titer proving immunity (please provide a copy of the report with the date and result of positive titer). Students may choose to sign a waiver for this immunization.

E. Meningococcal Vaccine: For students younger than 22 years of age, one dose of vaccine required after age 16 or signed waiver. Meningitis B vaccines (Trumenba and Bexsero) do not meet this requirement.

F. Tuberculosis Screening/Testing: “Tuberculosis Screening” is required for all students.

Recommended but not required:

A. HPV (Quadrivalent or Bivalent) Vaccine: The three-shot series is recommended for all females ages 11-26 and males ages 11-21. It is also approved for males up to age 26 in certain situations, see CDC guidelines.

B. Meningococcal B Vaccine: For best protection, more than 1 dose of meningococcal B vaccine is needed. There are two meningococcal B vaccines available. The same vaccine must be used for all doses. The vaccine can help protect against meningococcal disease caused by serogroup B.

F. COVID-19 Vaccine: Completed two doses of either the Pfizer-BioNTech COVID-19 vaccine OR the Moderna COVID-19 vaccine OR a single dose of the Johnson & Johnson (also known as Janssen Biotech) COVID-19 vaccine. COVID-19 vaccines authorized by the World Health Organization (e.g., AstraZeneca/Oxford and Sinopharm) are also acceptable.
Pre-Entrance Health Form: PART I

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

(***PLEASE NOTE - THIS FORM IS DIFFERENT FROM THE STUDENT ATHLETE PHYSICAL***)

Name ____________________________________________

(Last) ____________________________________________ (First) __________________________

(Middle) ____________________________________________

Date of Birth: ____/____/______    College ID# __________________________ State or Country of Birth: __________________________

Address: ____________________________________________________________________________

Street ____________________________________________ City __________________________ State __________ Zip __________

Student Cell Phone _____-____-____    Student Alternate Phone Number _____-____-____ (☐ home ☐ work)

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 _____-____-____

**Student Must Answer All Questions**

Personal Medical History

Have you ever had the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Asthma/Bronchitis</td>
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<tr>
<td>Chickenpox</td>
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<td>Hypertension</td>
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<td>Heart Disease/Murmur</td>
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<tr>
<td>Epilepsy/Seizures</td>
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<td>Head Injury/Concussions</td>
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<td>Irritable Bowel</td>
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<td>Diabetes</td>
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<td>Thyroid Disease</td>
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<td>Mono</td>
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<td>Abnormal Bruising</td>
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<td>Anemia</td>
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<td>STD</td>
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<td>Hepatitis</td>
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<td>Migraines/Chronic Headaches</td>
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<tr>
<td>STD</td>
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<td>Hearing Problem</td>
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<td>Depression/Anxiety</td>
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<td>ADD/ADHD</td>
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<td>Untreated Depression/Anxiety</td>
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<td>Eating Disorder</td>
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<tr>
<td>Obesity</td>
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</tbody>
</table>

Details of above, if necessary: ____________________________________________________________

____________________________________________________________________________________

Please complete the following:

List dates of any serious injuries, hospitalizations, illnesses or operations.
Circle NONE or, if applicable, please list ________________________________________________

Describe any emotional disturbances or adjustment problems.
Circle NONE or, if applicable, please list ________________________________________________

List any medications you are currently taking.
Circle NONE or, if applicable, please list ________________________________________________

Are you allergic to any medications? YES ____ NO _____ Specify: ____________________________

Information on this form may be necessary in the event of an emergency. All omissions or incomplete information on this for are the responsibility of the student and his/her healthcare provider. This completed form must be on file with Ferrum College at the beginning of the school year. **I affirm that all of the above information is accurate.**

Student Name: __________________________ Signature: __________________________ Date: __________
The image contains a pre-entrance health form that must be completed and signed by a healthcare provider. It includes sections for required and recommended immunizations, as well as a tuberculosis screening section for all students. The form is structured in a table format, with each vaccine having its own entry for date administration and additional details. There are also questions regarding the presence of signs or symptoms of active TB disease, membership in a high-risk group, and the result of tuberculosis testing, if applicable. All required forms must be returned to the Office of Student Life and Engagement.
Waiver of Immunization Against Hepatitis B Disease

The Hepatitis B virus (HBV) may cause a serious liver disease. HBV infection can affect people of all ages, and lead to liver disease. Some people are never able to rid themselves of the virus, and this long-term, or chronic, HBV infection can cause chronic liver disease, liver cancer, and death. The virus is found in the blood and body fluids of infected people and is most often spread among adults through sexual contact or by sharing needles and other drug paraphernalia with an infected person. HBV can also be spread in households of HBV-infected persons or by passage of the virus from an HBV-infected mother onto her infant during birth. Hepatitis B can be a silent disease, often infecting many people without making them feel sick. Unfortunately, 30 percent of those infected with HBV are not aware that they are carriers and can infect others. Hepatitis B symptoms might include loss of appetite, fatigue, stomachache, nausea and vomiting, yellow of the whites of the eyes (jaundice), and/or joint pain. Vaccination can help prevent people from contracting hepatitis B. The HBV vaccine is 96 percent effective following a series of three shots over a six-month period. The most common side effect of the vaccine is soreness at the injection site. Vaccine recipients cannot get the disease from the vaccine.

☐ I have received and reviewed the information regarding hepatitis B and the availability and effectiveness of the hepatitis B vaccine. I have chosen not to be vaccinated against hepatitis B at this time.

___________________________
Signature of student                      Date                      Signature of parent/ guardian if student is a minor                      Date

Waiver of Immunization Against Meningococcal Disease

Meningitis is an inflammation of the linings of the brain and spinal cord. It can be caused by bacteria called Neisseria meningitidis. The bacteria are transmitted through air-borne droplets of respiratory secretions and by direct contact with infected persons. Although bacterial meningitis occurs rarely and sporadically throughout the year, increased outbreaks occur among college students, especially those who live in residence halls. Early symptoms of meningococcal disease include fever, severe headache, stiff neck, rashes, and exhaustion. If not treated early, meningitis can lead to severe and permanent disabilities or even death. A vaccine is available that protects against four strains of the bacteria that cause meningitis in the United States: types A,C,Y, and W-135. These types account for nearly two-thirds of meningitis cases among college students. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days. The vaccine is 85 to 100 percent effective.

☐ I have received and reviewed the information regarding meningococcal disease and the availability and effectiveness of the meningococcal vaccine. I have chosen not to be vaccinated against meningococcal disease at this time.

___________________________
Signature of student                      Date                      Signature of parent/ guardian if student is a minor                      Date