

# University of Mary Washington

1301 College Avenue, Fredericksburg, VA 22401  
Student Health Center –Lee Hall 112  
Phone 540-654-1040, FAX 540-654-1077  
<https://students.umw.edu/healthcenter/>

# UMW Immunization Record

All Forms are to be Submitted Electronically through the Student Portal at:  
<https://students.umw.edu/healthcenter/>

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

All full-time students are required by the Code of Virginia (§ 23.1-800) to provide documentation of their immunizations by a health care professional (MD, DO, NP, PA or RN). Alternatively, you may submit an electronic medical record printout or other official copy of your immunizations. If you are unable to provide documentation, then vaccines may be repeated. If you are a foreign student, the documentation needs to be translated into English.

## Required Vaccinations – You will not be allowed to enroll without documentation.

**Tetanus Diphtheria**

TD or  Tdap within the past ten years Date: \_\_\_\_\_

**Mumps, Measles and Rubella**

MMR - 2 doses required on or after first birthday and at least 28 days apart

Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ OR  attach lab results confirming immunity

**Polio (OPV/IPV)**

Polio – At least three doses with last dose given after age 4

Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ Date 3: \_\_\_\_\_ Date 4: \_\_\_\_\_

OR  attach lab results confirming immunity

If an adult booster was given after age 18 Date 5: \_\_\_\_\_

## Highly Recommended Vaccinations – You must provide dates of vaccination or sign a waiver.

**Hepatitis B**

3 doses Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ Date 3: \_\_\_\_\_

OR  attach a copy of your lab results confirming immunity

OR  sign this waiver after reading the attached information about Hepatitis B vaccination.

I have reviewed the information on the second page of this form on the risk associated with hepatitis B disease, availability and effectiveness of any vaccine against hepatitis B disease, and I choose not to be vaccinated against hepatitis B disease.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Meningitis (ACWY)**

(Menactra, Menveo, or MenQuadfi)

Meningococcal Quadrivalent – Vaccine given on or after 16th birthday Date: \_\_\_\_\_

OR  sign this waiver after reading the attached information about meningitis vaccination.

I have reviewed the information on the second page of this form on the risk associated with meningococcal disease, availability and effectiveness of any vaccine against meningococcal disease, and I choose not to be vaccinated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Recommended Vaccinations – We recommend these vaccinations but they are not required.

**Hepatitis A**

2 doses Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_

**HPV (Genital wart vaccine)**

3 doses Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ Date 3: \_\_\_\_\_

**Varicella (Chicken pox)**

2 doses Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_

or  attach a copy of your lab results confirming immunity or  date of the disease: \_\_\_\_\_

**Meningitis B**

Bexsero or  
Trumenba

2 doses Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_

3 doses Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ Date 3: \_\_\_\_\_

**COVID-19**

Manufacturer: \_\_\_\_\_ Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ Booster: \_\_\_\_\_

Your health care provider must sign here to verify review of your vaccinations.

Signature of Health Care Provider \_\_\_\_\_

Date \_\_\_\_\_

Phone Number  
(\_\_\_\_\_) \_\_\_\_\_

# UMW Immunization Exemptions and Waivers

## Medical Exemption

As specified in Section 22.1-271.2C(II) of the code, I certify that administration of the vaccines designated above would be detrimental to this student's health. The vaccines(s) is (are) specifically contraindicated because: \_\_\_\_\_

This contraindication is  permanent (or)  temporary and expected to preclude immunization until \_\_\_\_\_

**Your health care provider must sign here to verify this medical Exemption.**

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

(\_\_\_\_\_)\_\_\_\_\_  
Phone Number

## Religious Exemption

Any student who objects on the grounds that administration of immunizing agents conflicts with his or her religious tenets or practices shall be exempt from the immunization requirements unless an emergency or epidemic of disease has been declared by the Board of Health. An affidavit of religious exemption must be submitted on a Certificate of Religious Exemption (Form CRE-1) which may be obtained at any local health department, school division superintendent's office, or local department of social services, or you may obtain a VA religious Exemption Form from [http://www.vdh.state.va.us/epidemiology/immunization/documents/cre\\_1.pdf](http://www.vdh.state.va.us/epidemiology/immunization/documents/cre_1.pdf).

## Hepatitis B

Hepatitis B is a potentially fatal viral liver infection spread from person to person by contact with blood and body fluids. Most commonly, this is through unprotected sex or by sharing infected needles when using illegal drugs. Hepatitis B may cause an acute, short-term illness with loss of appetite, fatigue, vomiting, diarrhea, muscle and joint aches, and jaundice (your skin and the whites of your eyes turn yellow).

Most people recover uneventfully and have no further problem with the virus. Others though may develop a chronic problem with liver damage, liver cancer, and death. The Centers for Disease Control reports that 1.25 million people in the United States have the chronic form of Hepatitis B with 80,000 people developing new cases each year. You are more likely to get Hepatitis B if you engage in high risk behaviors such as having multiple sexual partners or injecting illegal drugs.

About 4,000 people die each year from chronic Hepatitis B infection. You may prevent infection by avoiding risky behaviors and/or by vaccination. We believe that vaccination is the best prevention for everyone and recommend that you have three injections of Hepatitis B vaccine over a six-month period. The vaccine is highly effective and has few side effects ... typically some soreness at the injection site.

Most primary and secondary school systems require vaccination for school attendance. The State of Virginia mandates that you either have the vaccinations for college attendance or sign a waiver that you are aware of the risks and prefer not to be vaccinated.

You may receive the vaccine through your private health care provider, health department, or at a pharmacy.

**To register for classes you must have documentation of vaccination or sign the waiver on the other side of this form.**

## Meningococcal Meningitis

Meningococcal disease is the major cause of bacterial meningitis in children 2-18 years old in the United States. Meningitis is an infection of the brain and spinal cord that can spread throughout the body. The Centers for Disease Control reports approximately 2,600 cases of meningococcal disease each year. If you get meningococcal disease, you have a 10 to 15% chance that you will die from it and another 10% chance that you will lose an arm or a leg, develop kidney failure, brain damage, deafness, seizures, or a stroke.

The risk of meningococcal disease is slightly higher in college freshmen living in dormitories with a risk of 5.4 cases for every 100,000 students. Though the risk is small, the consequences can be severe.

Meningococcal vaccine is 85 to 100% effective in preventing meningococcal disease for serotypes A and C. It does not protect against serotype B, which can cause one third of cases. Thus, the vaccine is effective in preventing many but not all cases of meningococcal disease. Should there be an outbreak of meningitis on the UMW campus, you should contact your health care provider whether you had the vaccine or not. Your risk of getting the disease yourself will be much lower if you have received the vaccine.

You may receive the vaccine through your private health care provider, health department, or at a pharmacy.

**To register for classes you must have documentation of vaccination or sign the waiver on the other side of this form.**

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