IMMUNIZATION CLINIC FOR INTERNATIONAL STUDENTS

AUGUST 16TH & 17TH 2022

INFORMATION PACKET
HELPING YOU MEET YOUR VIRGINIA TECH REQUIRED IMMUNIZATIONS
# Table of Contents

**Page 4**
Immunization clinic details: what you need to know before attending

**Page 5**
Immunization price list, insurance, billing and payment

**Page 6**
What should you bring to the clinic?

**Page 7**
Vaccination Consent Form: print and complete

**Page 8**
Tips for a smooth visit and a few questions answered
Welcome Students!

The staff at Schiffert Health Center are excited to welcome all our students to Virginia Tech. Each year, we are particularly eager to meet new international students arriving to campus. We know that your first few days are extremely busy - filled with activities, tasks, information, and important things to do.

Completing your immunization requirements is a necessary and vital part to starting your student career at Virginia Tech.

To help facilitate meeting these requirements, Schiffert Health Center will be hosting Kroger Health to provide all necessary vaccinations that you may be missing at a large-scale immunization clinic. In addition, Schiffert Health Center will be conducting Quantiferon Gold lab testing for those students who have not yet met the tuberculosis testing requirement during the clinic.

The following packet will provide you all the necessary information and forms to attend the clinic. Please read through this packet carefully and prepare all your items in advance. By completing the immunization requirement early in the semester, you can move-on to your academic and life endeavors.
Immunization Clinic: Important Details

DATE: August 16 and 17, 2022

TIME: 8:00 am - 2:30 pm

LOCATION: Rec Sports Field House 510 Beamer Way

NO APPOINTMENTS: Students will be seen on a first-come, first-served basis

PLEASE PLAN TO SPEND 40-45 MINUTES AT THE CLINIC TO COMPLETE ALL IMMUNIZATIONS, TESTING, AND PAPERWORK
BILLING & PAYMENT

VACCINE FEES
Kroger will be accepting all insurance carriers. Please bring your insurance card. Kroger will submit charges for vaccines to your insurance company at the clinic. Coverage for the cost of vaccines will depend on your insurance plan. You will be responsible for any charges not covered.

Payment is due at the time of service. Kroger will be accepting all major credit cards. Cash and check will NOT be accepted. HSA and FSA cards will NOT be accepted.

<table>
<thead>
<tr>
<th>VACCINE FEES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TDAP</td>
<td>$81.00</td>
</tr>
<tr>
<td>POLIO</td>
<td>$104.00</td>
</tr>
<tr>
<td>MMR</td>
<td>$109.00</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>$104.00</td>
</tr>
<tr>
<td>MENINGITIS</td>
<td>$157.00</td>
</tr>
</tbody>
</table>

Kroger will submit charges to your insurance. You will be responsible for paying for any fees not covered by your insurance. Payment is due at the time of service.

<table>
<thead>
<tr>
<th>TUBERCULOSIS TESTING FEES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>QUANTIFERON GOLD TEST</td>
<td>$51.80</td>
</tr>
<tr>
<td>CHEST X-RAY</td>
<td>$44.00</td>
</tr>
</tbody>
</table>

Tuberculosis testing will be performed by Schiffert Health Center. Charges for TB testing will be charged to your student account. You can pay that bill online or in-person through the Bursar's Office.

Schiffert Billing Information

Bursar's Office

TUBERCULOSIS TESTING FEES
Schiffert Health Center will submit charges for Quantiferon Gold Lab test and X-ray to your student account. You will be able to pay the fee through the Bursar's Office online or in-person on or after August 23rd.
1. PRINT THE VACCINE CONSENT FORM ON THE NEXT PAGE.
2. FILL OUT THE FORM.
3. IF YOU ARE **UNDER 18 YEARS OF AGE**, YOU MUST HAVE A PARENT OR LEGAL GUARDIAN SIGN THE FORM.
4. BRING THE COMPLETED FORM WITH YOU TO THE IMMUNIZATION CLINIC.

**WHAT TO BRING**

- INSURANCE CARD
- CREDIT CARD
- VACCINE CONSENT FORM
- COPY OF VACCINE RECORDS
- HOKIE PASSPORT

*If you have already obtained one. If not, please have your Hokie ID number.*
**VACCINE CONSENT FORM**

Please answer the following questions to help us make sure the vaccine is right for you:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have any of the following symptoms today? Fever, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In the past 14 days, have you had a fever or been exposed to or diagnosed with COVID-19, regardless of symptoms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you had a physical examination by a healthcare provider in the last year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you have any allergies to medications, foods (e.g. eggs), latex, or a vaccine component (e.g. gelatin, neomycin, polymyxin, yeast, thimerosal, polyethylene glycol, etc)? If yes, please list what you are allergic to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you ever had a serious reaction after receiving a vaccine? (swelling, trouble breathing, seizure, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you had the vaccine(s) you are receiving today before?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Have you experienced seizures, Guillain-Barre Syndrome, or any other neurological disorder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Have you received any vaccines in the past 28 days? If yes, please list vaccine and date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. For Women: Are you currently pregnant, breastfeeding, or are you planning to become pregnant in the next month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. During the past year, have you received a transfusion of blood or blood products, been given immune (gamma) globulin or an antiviral drug, or received COVID-19 antibody treatment? If yes, list medication, dose, and date last taken:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Do you have cancer, leukemia, lymphoma, HIV/AIDS, organ transplantation, or any other immune system problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. In the past 3 months, have you taken medications that weaken your immune system, such as anticancer drugs, high-dose steroids, chemotherapy, injectable therapy for rheumatoid arthritis, Crohn’s disease or psoriasis (e.g. Humira, Enbrel) or had radiation treatments? If yes, list medication, dose, and date last taken:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby give my consent to the health care provider of The Kroger Co., its affiliates and subsidiaries, to administer the vaccine(s) I have requested above. I understand the risks and benefits associated with the vaccine(s) being administered and have received, read and/or had explained to me the CDC’s Vaccine Information Statement (VIS) or the FDA’s Emergency Use Authorization (EUA) on the vaccine(s) I have elected to receive. I have had the opportunity to ask questions that were answered to my satisfaction. As with all medical treatment, there is no guarantee that I will not experience an adverse reaction from the vaccine. I understand that the information contained on this form may be shared with the state health department and/or state immunization registries and will remain confidential and will not be released except as permitted or required by law. If I agree, I authorize Kroger to submit a claim for reimbursement on my behalf to Medicare or any other contracted third party payer. If the claim is denied, I understand that I will be responsible for payment. I understand if my claim to the HRSA Uninsured Fund is not reimbursed because it is determined that I have third-party insurance, I authorize The Kroger Co. to utilize my protected health information and other identifiers to try to identify and bill my insurance. I acknowledge that I have received a copy of the Notice of Privacy Practices. Furthermore, I agree to remain near the vaccination location for approximately 15-30 minutes after administration for observation by the administering healthcare provider.

Date: __________

**FOR INTERNAL USE ONLY**

- REQUIRED: obtained verbal consent to treat prior to administration
- REQUIRED: counsel patient remain near location for 15-30 min.

**FOR LEGAL GUARDIAN ONLY**

- If <18, recommend Well-Child Visit

---

**Immunizer Name:** ____________________________  **Phone/Fax Date:** __________/________/________

**Immunizer Name:** ____________________________  **Phone/Fax Time:** __________ AM/PM

**Immunizer Name:** ____________________________  **Registry Date:** __________

**VACCINE**

<table>
<thead>
<tr>
<th>Vaccine Name:</th>
<th>Manufacturer:</th>
<th>Dose:</th>
<th>Series #:</th>
<th>Vaccine Lot #:</th>
</tr>
</thead>
</table>

**Vaccine Exp. Date:** __________ Diluent Lot #: __________ Exp. Date: __________

**Injection Site:** LEFT/RIGHT; ARM/THIGH  **Route:** IM or SubQ  **VIS or EUA Given:** __________

**Version Date:** __________

**Immunizer Name:** ____________________________  **Date Administered:** __________/________/________  **Time:** __________ AM/PM

**Immunizer Name:** ____________________________  **Date Administered:** __________/________/________  **Time:** __________ AM/PM

---

**Confidential**

**Rx Exhibit 1402.1A v9**  **TLC Exhibit 4000.1A**

Refer to the electronic copy for the latest version.
1. IF YOU DON’T HAVE YOUR INSURANCE CARD
   If you don’t have your insurance card, you will need to know the name of your insurance carrier, your member ID, and your group number if applicable. You can have a printed or digital copy of this information readily available. This will help you with the registration process at the clinic.

2. WEAR CLOTHING THAT MAKES IT EASY TO ACCESS YOUR UPPER ARM
   If you need a private space to remove clothing in order to expose your upper arm, there will be an area enclosed with privacy curtains to block you from public view.

3. EAT AND HYDRATE
   Be sure to eat a meal and have a hydrating drink before coming to the clinic. Occasionally students can feel a bit weak after receiving multiple injections or having blood drawn. Eating and drinking well before this can help prevent this uncomfortable physical response.

4. INSURANCE REIMBURSEMENT
   For students who have AETNA Student Medical Insurance, we will plan to have a representative from their office at the clinic. They will be there to assist students with the reimbursement process through AETNA.

5. IF YOU’RE UNABLE TO ATTEND THE CLINIC
   If you are unable to attend the clinic, you will be responsible for scheduling to obtain your missing vaccines through a local pharmacy, health clinic, or at Schiffert Health Center. Please take note that appointments at Schiffert Health Center for immunizations book quickly during the first several weeks of the fall semester; you may need to wait weeks until your scheduled appointment. We HIGHLY encourage students who miss the clinic to try the following locations that provide vaccinations:

   - CVS University City Blvd
   - Kroger University City Blvd
   - New River Health District
   - Main Street Pharmacy
   - Kroger S Main St
   - Velocity Care Gilbert St