IMMUNIZATION CLINIC FOR INTERNATIONAL STUDENTS

AUGUST 14th 2023

INFORMATION PACKET
HELPING YOU MEET YOUR VIRGINIA TECH REQUIRED IMMUNIZATIONS
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 Blacksburg Pharmacy 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 14, 2023

TIME: 9:00 am - 5:00 pm

LOCATION: Squires Student Center Commonwealth Ballroom B

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
Blacksburg Pharmacy will be accepting all insurance carriers. Please bring your insurance card. They 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. Blacksburg Pharmacy 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>TUBERCULOSIS TESTING FEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Quantiferon Gold Test</td>
</tr>
<tr>
<td>$85.00</td>
<td>$51.80</td>
</tr>
<tr>
<td>Polio</td>
<td>Chest X-Ray</td>
</tr>
<tr>
<td>$65.00</td>
<td>$42.00</td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
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<tr>
<td>$190.00</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
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<tr>
<td>$95.00</td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
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<tr>
<td>$65.00</td>
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</tbody>
</table>

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

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.

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 22nd.

AETNA STUDNET INSURANCE
AETNA Student insurance staff will be at the clinic to assist students with reimbursement forms and questions.
1. You may print the vaccine consent form on the next page. Forms will also be available at the clinic.

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 clinic.

**WHAT TO BRING**

- INSURANCE CARD
- CREDIT CARD
- VACCINE CONSENT FORM
- COPY OF VACCINE RECORDS
- HOKIE PASSPORT*
- YOUR LOCAL ADDRESS

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

Date: __/__/____

**VACCINE REQUESTED:** □ Hepatitis B □ IPV (Polio) □ MenACWY □ MMR □ Tdap (Tetanus)

**Patient Name:** ___________________________________________  **Date of Birth:** __/__/____  **Age:** ______

**Address:** ___________________________________________  **City:** ___________________  **State:** ______  **Zip:** ______

**Phone Number:** ___________________________________________  **Gender:** Male □  Female □

**Drug Allergies:** ___________________________________________  **Weight (ONLY IF LESS THAN 110 lbs):** ______

**Drug Allergies:** ___________________________________________  **□ None Known**

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**The following questions will help us to determine which vaccines may be given today. If a question is not clear, please ask the pharmacist for help.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you sick today?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Do you have allergies to medications, food (i.e. eggs), latex or any vaccine component (i.e. polyethylene glycol (PEG), sorbate, neomycin, formaldehyde, gentamicin, thimerosal, bovine protein, phenol, polymyxin, gelatin, baker’s yeast or yeast)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a serious reaction after receiving a vaccination?</td>
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<td></td>
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</tr>
<tr>
<td>Have you received any vaccinations in the past 4 weeks?</td>
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<tr>
<td>Do you have a neurological disorder such as seizures or other disorders that affect the brain or have had a disorder that resulted from a vaccine (i.e. Guillain-Barre Syndrome)?</td>
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</tr>
<tr>
<td>Do you have cancer, leukemia, AIDS, or any other immune system problem?</td>
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<tr>
<td>Do you take cortisone, prednisone, other steroids, antivirals, or anticancer drugs, or have you had radiation treatments in the past 6 months?</td>
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<tr>
<td>Have you received a transfusion of blood or blood products, including antibodies in the past year?</td>
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<tr>
<td>Do you have a history of bleeding problems?</td>
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<tr>
<td><strong>For patients over 65 OR have a chronic condition such as asthma or COPD OR smoke:</strong> Have you received the Pneumococcal or “Pneumonia” vaccine?</td>
<td></td>
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</tr>
<tr>
<td><strong>For women:</strong> Are you pregnant or could you become pregnant in the next 3 months?</td>
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<td></td>
</tr>
<tr>
<td><strong>Have you previously had the following vaccines?</strong></td>
<td>Yes</td>
<td>No</td>
<td>I don’t know</td>
</tr>
<tr>
<td>- Pneumococcal Vaccine (you may need two different pneumococcal vaccines)</td>
<td></td>
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<tr>
<td>- Shingles Vaccine (2017 formulation is recommended even if you received prior shingles shot)</td>
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<td></td>
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<tr>
<td>- Whooping Cough Tdap Vaccine</td>
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</tbody>
</table>

I authorize the release of any medical or other information with respect to this vaccine to my healthcare providers, Medicare, Medicaid or other third party payer as needed and request payment of authorized benefits to be made on my behalf to Blacksburg Pharmacy.

- I acknowledge that if my insurance does not cover the cost of administering the vaccine at the pharmacy, then payment must be made at the time of the administration of the vaccine.
- I acknowledge that my vaccination record may be shared with federal or state agencies for registry reporting.
- I acknowledge that the pharmacist recommends that vaccinated patients should remain in the waiting area, after the administration of the immunization, for 20 minutes or until verbally released.

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*CONTINUE ON NEXT PAGE*
I have read, or have had read to me the Vaccination Information Sheet (VIS) regarding the vaccine(s). I have had the opportunity to ask questions that were answered to my satisfaction and understand the benefits and risks of the vaccine(s). I consent to, or give consent for, the administration of the vaccine(s). I fully release and discharge Blacksburg Pharmacy, its affiliates, their officers, directors, and employees from any liability for illness, injury, or damage which may result there from.

I authorize Blacksburg Pharmacy to send copies of my vaccine documents to my primary care provider. YES NO

I understand failure to select one of these boxes may result in the vaccine documents being sent to my primary care provider, if known, as state laws and regulations require.

(Optional) I request and authorize Blacksburg Pharmacy to notify the following contact(s) of this vaccination record (e.g. school, employer, travel agency, etc.):

**IF INSURANCE DOES NOT COVER ANY VACCINATION, PLEASE SEE BELOW PRICING**
- Hepatitis B: $85
- Polio: $65
- Meningitis: $190
- MMR: $95
- Tetanus: $65

BY SIGNING BELOW, I AGREE TO THE ABOVE STATEMENTS AND POTENTIAL OUT OF POCKET COSTS.

X __________________________
Patient Signature (If under the age of 18: Parent/Legal Guardian signature):

**PLEASE RETURN THIS FORM TO OUR STAFF AND PROVIDE YOUR LATEST INSURANCE INFORMATION IF NOT ALREADY ON FILE. THANK YOU!**

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**THIS SECTION FOR PHARMACY USE ONLY**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>VIS Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>08/06/21</td>
</tr>
<tr>
<td>IPV (Polio)</td>
<td>08/06/21</td>
</tr>
<tr>
<td>Meningitis ACWY</td>
<td>07/06/21</td>
</tr>
<tr>
<td>MMR</td>
<td>08/06/21</td>
</tr>
<tr>
<td>Tdap (Tetanus)</td>
<td>08/06/21</td>
</tr>
</tbody>
</table>

Lot #: __________________________  Exp Date: __________________________
Site: LA or RA or OTHER:____________

Signature of pharmacist who administered vaccine(s) and provided VIS to patient: __________________________
License #: __________________________  Date: __________________________

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(540) 552-3000.
TIPS FOR A SMOOTH VISIT

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
- Blacksburg Pharmacy N Main St