Immunization/Medical Insurance Card

Form Instructions

Complete page 2 (required) and page 3 (recommended) in its entirety**.** You may enter some information onto this form as a fillable PDF. This form will need to be <u>printed</u> and then <u>signed</u> by a <u>Health Care Professional</u>. Once complete scan the information into a PDF document along with a copy of your insurance card (both sides). Completed, scanned documents need to be emailed to **healthforms@wvwc.edu** by <u>**January 12, 2024.**</u> Following are instructions for creating a PDF document with your smartphone. Please read carefully.

How to create a scanned document with an iPhone using the Notes App.

To scan a document using an iPhone:

1. Open Notes and create a new note on your device.
2. Tap the **Camera** icon located at the middle, bottom of your screen, then tap **Scan Documents**.
3. Place your document in view of the camera on your device. If your device is in Auto mode (top right corner), your document will be automatically scanned. If you need to manually capture a scan, tap ⚪.
4. Drag the corners to adjust the scan to fit the page as needed, then tap **Keep Scan** once you feel the image is acceptable.
5. You can add additional pages/scans to the document. Tap **Save** when you're done scanning all pages.
6. If you need to edit the images, tap on the image of the scanned document and use the edit feature/tools.
7. Tap **Scanned Documents** at the top, this will allow you to rename the scanned document. Name this document: **First Name Last Name F2023**, example **James Smith F2023**. Select **Save**.
8. Tap the **Share** button in the top right corner, and select your preferred email app and email the PDF to **healthforms@wvwc.edu** by July 15, 2023.
9. Include 'Immunization records' in the subject line and send the email. ☺

How to create a scanned document with an Android phone and/or the Google Drive App.

To scan a document using the Google Drive App:

1. Open the Google Drive App on your device.
2. Tap the ⊕, then tap **Scan**.
3. Place your document in view of the camera on your device.
4. Manually capture a scan by tapping ⚪. When the image is acceptable, tap **OK**. To add additional pages to the scanned document, select the **+** sign in the lower, left corner.
5. When done scanning all pages, select **Save**.
6. Name the PDF you are creating **First Name Last Name F2023**.pdf, example, **James Smith F2023**.pdf. Select **Save**.
7. The saved PDF (James Smith F2023) will then upload to your Google Drive account. Search your Google Drive folder by searching the file name in the search box.
8. Locate the saved PDF in the search results. Hit the **3 vertical dots** to the right. Select **Send a copy**.
9. Select your preferred email app and email the PDF to **healthforms@wvwc.edu** by July 15, 2023.
10. Include 'Immunization records' in the subject line and send the email. ☺

West Virginia State Law Required Immunizations

West Virginia law does not allow for non-medical exemptions for school entry.

Student's Name: _____

Date of Birth: _____ Student ID Number: _____

1. **Tdap: Tetanus, Diphtheria, and Pertussis** (**must be less than 10 years**)	Date ___/___/____			
2. **MMR: Measles, Mumps, Rubella** **(Two doses required)**	Date Dose 1 ___/___/____	Date Dose 2 ___/___/____		
3. **IPV or OPV: Polio** **OPV, Oral is 3 doses** **IPV, Injected is 3-4 doses**	Date Dose 1 ___/___/____	Date Dose 2 ___/___/____	Date Dose 3 ___/___/____	Date Dose 4 ___/___/____
4. **Varicella: History of chicken pox, positive Varicella antibody or** **2 doses Varicella required.**	Dose #1 Date ___/___/____	Dose #2 Date ___/___/____		**History of having Chicken Pox/Varicella Disease:** Yes_____ No_____
5. **Meningitis Vaccine (MCV4)** **Last dose must be given within the last 5 years**	Dose #1 Date ___/___/____	Dose #2 Date ___/___/____		
6. **Tuberculin Skin Test:**	Date ___/___/____	Result: *Positive_____ Negative_____	*If Positive, Additional Testing completed: **Quanti-FERON Test Results:_____** **T-SPOT Test Results:_____** **Chest X ray (required if current or previous TST, QFT, T-SPOT is positive) Results:**	

Signature of Health Care Professional (Licensed Provider/Nurse): I hereby certify that the information on this and preceding pages is correct to the best of my knowledge.

_____   _____   _____

Health Care Professional name   (Please Print)   **Signature**   **Date**

Address: _____   **Office Phone: _____**

_____   **Office Fax: _____**

Please also Include a FRONT & BACK Copy of your Insurance Card.

Documentation of other Immunizations, which are NOT REQUIRED

7. Hepatitis B Vaccine	Date Dose 1 ___/___/____	Date Dose 2 ___/___/____	Date Dose 3 ___/___/____	
8. Hepatitis A	Date Dose 1 ___/___/____	Date Dose 2 ___/___/____		
9. Human Papillomavirus (HPV)	Date Dose 1 ___/___/____	Date Dose 2 ___/___/____		
10. Meningococcal B Vaccine	Date Dose 1 ___/___/____			
11. BCG	Date Dose 1 ___/___/____			
12. COVID-19 Vaccine: Pfizer-BioNTech: _____ Moderna: _____ J&J: _____ Other (provide name): _____	Date Dose 1 ___/___/____	Date Dose 2 ___/___/____		
12. Any Other Vaccines Not Listed:				