02 - Message from the President
03 - Next Steps for New Students
08 - Transfer & Articulation
10 - University Directory
11 - Health Evaluation Forms
17 - VSU Alma Mater
18 - The Evening Song
It is my pleasure to greet you on behalf of our Trojan Family and we are excited about the experience you will have once you arrive on campus. Virginia State University is a place where you will grow personally and be challenged academically.

VSU has been transforming lives and developing pioneers for more than a century. You are now a part of our family. Get ready for a life-changing experience as a VSU Trojan. We welcome you, and we are excited about what lies ahead.

Hail State! Hail State! Hail, Hail, Hail
NEXT STEPS  FIRST-TIME FRESHMEN AND TRANSFER STUDENTS

You have applied and were admitted! Now, you will take the following steps to confirm your status, secure your position and begin your first semester at VSU.

This guide is a valuable resource providing action steps, required forms, helpful hints, and University information to ensure a smooth transition to VSU and assist you in your first semester as a Virginia State University TROJAN. Many of the questions you may have your first year are answered in this book, so be sure to read it entirely and keep it as a reference for information throughout the year.

Note: You are considered a First-Time Freshman regardless of how many dual enrollment (DE) credits you have earned. If the credits are earned prior to graduating from high school, you are considered a First-Time Freshman.

STEP 1 - ACCEPT THE OFFER

To accept your non-binding offer of admission,

1. Sign in to your Online Application Account
2. Under the Action section, click “View.”
3. Select “Respond Now” on your Decision History screen.
4. Select “I Accept Admission” account.

STEP 2 - PAY YOUR ENROLLMENT FEE

Upon acceptance to the University, all newly admitted students must pay an enrollment fee to be recognized as VSU students and register for the upcoming term. Secure your spot in the upcoming class and submit your enrollment fee.

Please Note: Please allow two business days for your deposit to process before beginning the next step.
STEP 3: ACTIVATE STUDENT ACCOUNT (ACCESS TO BANNER, STUDENT EMAIL, AND BLACKBOARD)

Your student e-mail is the best way to communicate with all Faculty and Staff at the University. Your student is also access to our campus network such as Microsoft Office product installations, VSU computer labs, Medicat, Blackboard, and more.

View instructions to activate your account, then set up your student email.

STEP 4: COMPLETE YOUR ONLINE FAFSA (OPENS DECEMBER 31, 2023)

To apply for most financial aid, including federal and state student grants, work-study, and loans, you’ll need to complete the Free Application for Federal Student Aid (FAFSA). Although this financial aid form may seem complex, many free resources help you. Visit the VSU Financial Aid for more information.

View instructions to activate your account, then set up your student email.

STEP 5: SUBMIT ONLINE HOUSING APPLICATION & ROOM DEPOSIT

To receive a housing assignment, students must complete an online housing application AND pay the $150 Room Deposit. Information on completing your online housing application and deposit payment instructions can be found here: Housing Application. The $150.00 room deposit is refundable. If you no longer plan to live on campus after submitting your housing deposit, send an e-mail to reslife@vsu.edu to request a refund. For details, please visit the Residence Life & Housing.

Please note: To apply for housing, you must have completed steps 1, 2, 3, and 4
STEP 6 - REGISTER FOR ORIENTATION

Newly admitted students attend The Trojan Introduction Program (TIP), during June and July for students entering the fall semester and January for students entering the spring semester. TIP registration dates are available. Sign up now.

Please note: To register for TIP, you must have completed steps 1 & 2.

Open House
Fall 2024
TBA

Summer 2024 Orientation
July 2nd, July 9-10th, July 17th,
July 19th, July 23rd, July 26th

SAVE THE DATE

Trojan Introduction Program (TIP)
New Student Orientation Sessions

July 2nd, July 9-10th
July 17th, July 19th
July 23rd, July 26th

Virginia State University
1882
Every new full-time student entering Virginia State University is required to provide the Health Evaluation Forms prior to enrollment. The forms are located in your NEW STUDENT GUIDE. Please complete the forms with all required documents and submit them to Student Health Services through the VSU Medicat secure online portal or mail documents to:

Student Health Services
P.O. Box 9082
Virginia State University, VA 23806

Be sure to retain a copy for your records. The completed form is due by June 1st for the fall term and by Dec. 1st for the spring term.

Please note: To submit your forms through the secure VSU Medical portal, you must have completed step 4.

STEP 8 - SUBMIT FINAL TRANSCRIPTS AND TEST SCORES

To complete enrollment, submit your final high school transcript and any dual enrollment coursework to the Office of Admissions. The final transcript differs from the transcript you submitted to obtain admission to the University. The final high school transcript will include your graduation date. If you have AP/IB test results or have dual enrollment (DE) credits, send the test score report(s) and/or college transcript to VSU Admissions before attending New Student Orientation. Remember, DE grades on a high school transcript will NOT apply for college credit. A transcript from the college/university issuing the credits must be received to be applied to your VSU student record. Failure to submit an official final high school transcript may result in a registration hold placed on your account. Please send the above items to admissdocs@vsu.edu or mail them to:

Virginia State University
Office of Undergraduate Admissions
P.O. Box 9018
Virginia State University, VA 23806
As a transfer student, you have an idea of how the college environment and financial aid process works. Now you will take the next steps to begin your first semester at VSU.

**ARTICULATION OF CLASSES**

Articulation is the process of adding your eligible college credits to your VSU academic record. This process may take up to 3 - 5 business days from the date you accept the offer of admission to complete.

It is very important we receive all OFFICIAL transcripts from every college or university attended prior to accepting the offer of admission.

VSU will not evaluate and articulate courses to add to your academic record based on an unofficial transcript. Courses eligible for articulation include 100-level or greater courses with a grade of “C” or better. Remedial and developmental courses are ineligible.

Transfer courses should be articulated prior to registering for classes to minimize course repeats.

After the articulation process, transfer students with 30 credits or more will be advised by their departmental advisor.
ACADEMIC COLLEGES

COLLEGE OF AGRICULTURE

DR. ROBERT N. CORELY, INTERIM DEAN
RCORELY@VSU.EDU
804.524.1890

THE REGINALD F. LEWIS COLLEGE OF BUSINESS

DR. EMMANUAL OMOJOKUN, DEAN
CAMPUS P.O. BOX 9398
EOMOJOKUN@VSU.EDU
804.524.5166

COLLEGE OF EDUCATION

DR. WILLIS WALTER, DEAN
CAMPUS P.O. BOX 9088
WWALTER@VSU.EDU
804.524.5742
ACADEMIC COLLEGES

COLLEGE OF ENGINEERING & TECHNOLOGY
DR. DAWIT HAILE, DEAN
CAMPUS P.O. BOX 9392
DHAILE@VSU.EDU
804.524.5285

COLLEGE OF HUMANITIES & SOCIAL SCIENCES
DR. ISIS WALTON, INTERIM DEAN
CAMPUS P.O. BOX 9401
IWALTON@VSU.EDU
804.524.5930

COLLEGE OF NATURAL & HEALTH SCIENCES
DR. DERICK SCOTT, DEAN
CAMPUS P.O. BOX 9392
DSCOTT@VSU.EDU
804.524.5969
**UNIVERSITY CONTACTS**

VSU is in the (804) area code and most numbers on campus begin with 524-xxxx. If you do not know a number, call the university switchboard at (804) 524-5000.

<table>
<thead>
<tr>
<th><strong>DEPARTMENT</strong></th>
<th><strong>PHONE</strong></th>
<th><strong>E-MAIL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Center for Excellence</td>
<td>6755</td>
<td><a href="mailto:ace@vsu.edu">ace@vsu.edu</a></td>
</tr>
<tr>
<td>Admissions</td>
<td>5901</td>
<td><a href="mailto:admissions@vsu.edu">admissions@vsu.edu</a></td>
</tr>
<tr>
<td>Athletics</td>
<td>5031</td>
<td><a href="mailto:fjohnson@vsu.edu">fjohnson@vsu.edu</a></td>
</tr>
<tr>
<td>Campus Police</td>
<td>5360</td>
<td><a href="mailto:police@vsu.edu">police@vsu.edu</a></td>
</tr>
<tr>
<td>Cashier</td>
<td>5150</td>
<td><a href="mailto:bursar@vsu.edu">bursar@vsu.edu</a></td>
</tr>
<tr>
<td>Financial Aid</td>
<td>5990</td>
<td><a href="mailto:finaid@vsu.edu">finaid@vsu.edu</a></td>
</tr>
<tr>
<td>Honors Program</td>
<td>6709</td>
<td><a href="mailto:honors@vsu.edu">honors@vsu.edu</a></td>
</tr>
<tr>
<td>International Student Advisement</td>
<td>5928</td>
<td><a href="mailto:fmarshall@vsu.edu">fmarshall@vsu.edu</a></td>
</tr>
<tr>
<td>Orientation (TIP)</td>
<td>5356</td>
<td><a href="mailto:tip@vsu.edu">tip@vsu.edu</a></td>
</tr>
<tr>
<td>Registrar</td>
<td>5275</td>
<td><a href="mailto:registrar@vsu.edu">registrar@vsu.edu</a></td>
</tr>
<tr>
<td>Residence Life</td>
<td>5011</td>
<td><a href="mailto:reslife@vsu.edu">reslife@vsu.edu</a></td>
</tr>
<tr>
<td>Student Accessibility Office</td>
<td>5061</td>
<td><a href="mailto:sao@vsu.edu">sao@vsu.edu</a></td>
</tr>
<tr>
<td>Student Accounts</td>
<td>5506</td>
<td><a href="mailto:bursar@vsu.edu">bursar@vsu.edu</a></td>
</tr>
<tr>
<td>Student Activities</td>
<td>5692</td>
<td><a href="mailto:studentactivities@vsu.edu">studentactivities@vsu.edu</a></td>
</tr>
<tr>
<td>Student Health Services</td>
<td>5711</td>
<td><a href="mailto:Shealthcenter@vsu.edu">Shealthcenter@vsu.edu</a></td>
</tr>
<tr>
<td>Student Helpdesk</td>
<td>2000</td>
<td><a href="mailto:VSUstudentHD@vsu.edu">VSUstudentHD@vsu.edu</a></td>
</tr>
<tr>
<td>ROTC (Military Science)</td>
<td>5216</td>
<td><a href="mailto:rotc@vsu.edu">rotc@vsu.edu</a></td>
</tr>
<tr>
<td>Veteran’s Affairs</td>
<td>9528</td>
<td><a href="mailto:fmarshall@vsu.edu">fmarshall@vsu.edu</a></td>
</tr>
</tbody>
</table>
Please be sure the following information is complete before submitting the Health Evaluation Form. This is required of all full-time students; including transfer students regardless of classification and is due June 1st for fall admission and December 1st for students entering in the spring.

SECTION I - HEALTH HISTORY

- Health History
- Student Identification Number (V#)
- Home Address
- Emergency Contact Information
- Personal History
- Did you sign and date your form?
- Are you under the age of 18? If so, be sure you parent/guardian signs the health form.
- Have you attached a photocopy of your Insurance I.D. Card?

SECTION II - PHYSICAL EXAMINATION

- Has your physician/clinician completed every item on the Health Evaluation form? (Including vital signs, diagnosis and recommendation for physical activity)
- Signature of physician/clinician, address, phone number, professional stamp and date of physical?

SECTION III - IMMUNIZATION RECORD

- Is a photocopy of immunization records attached?
- Are all immunization dates documented?
- 1st and 2nd MMR? – Both dates are required.
- Tetanus Diphtheria or Tdap – within ten (10) years?
- Polio (OPV) AND DIPHTHERIA/TETANUS/PERTUSSIS (DTP) – date of last in series.
- Hepatitis B - Dose #1
- Hepatitis B - Dose #2
- Hepatitis B - Dose #3
- Hepatitis Waiver
- Meningitis Vaccine
- Meningitis Booster
- Meningitis Waiver

SECTION IV - TUBERCULOSIS SCREENING

- TB Screening or TB skin test
- Signature and date of health care provider

HELPFUL HINTS FOR A COMPLETED FORM

- Follow the Health Evaluation Checklist to ensure all information is included
- Ensure your name and Student V# is written on all forms and any attached documents
- Remember to take your Health Evaluation Form to your physical exam visit
- Bring a copy of your immunization (shot) records to your exam visit (so provider can complete section III)
- Before leaving exam visit, ensure provider has signed and dated sections II, III and IV
- Make a copy of completed Health Evaluation Form for your record prior to submitting form.

It is important for you to answer each section of the health record completely. Incomplete forms will result in a HOLD on your account and delay your registration process. If you have questions regarding the completion of these forms, please call Student Health Services at (804) 524-5711, Monday - Friday, 8:00 a.m. - 5:00 p.m.

Mail or fax completed health form to:
Virginia State University
Student Health Center
P.O. Box 9082
Virginia State University, VA 23806
Fax: (804) 524-5026
# Health Evaluation Form

**I. HEALTH HISTORY** - To be completed by the STUDENT (Required of all full-time students)

Please answer all questions. Information requested in this form is strictly for the use of the Health Center in providing medical care and will not be released without your consent. Information gathered will not affect your admission status in any way.

These forms are due **June 1st** for fall admission and **December 1st** for students entering in the spring.

<table>
<thead>
<tr>
<th>Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>MI</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Enter Number</td>
<td>VSU Sport (if applicable)</td>
<td>Enter Sport</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Enter Street Address</th>
<th>Apt</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Enter Home Phone</td>
<td>Cell Phone</td>
<td>Enter Cell Phone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of parent(s) or guardian: Enter Name of Parent(s) or Guardian

Anticipated entry date: Spring _________ Fall _________ Previously enrolled? Yes No

Admission Status: First-time Freshman Transfer Re-Admit Graduate

In Case of Emergency, notify: Enter Emergency Contact Relationship: Relationship

<table>
<thead>
<tr>
<th>Address</th>
<th>Apt</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Insurance Company: Enter Insurance Company Subscriber: Enter Subscriber</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Policy Number: Enter Policy Number Address: Enter Address

**PERSONAL HISTORY**

Significant Medical Conditions (dates and diagnoses): Please Enter

Hospitalizations (dates and diagnoses): Please Enter

Please circle to indicate whether you have (or had in the past) these problems.

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Hearing impairment</th>
<th>Migraine Headache</th>
<th>Sexually Transmitted Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>Heart Disease</td>
<td>Pneumonia</td>
<td>Substance/Alcohol Abuse</td>
</tr>
<tr>
<td>Asthma</td>
<td>Heart Murmur</td>
<td>Psychological Problems</td>
<td>Thyroid Disorder</td>
</tr>
<tr>
<td>Bleeding Disorder</td>
<td>Hepatitis or Liver Disease</td>
<td>Rheumatoid Arthritis</td>
<td>Tuberculosis or Positive TB Test</td>
</tr>
<tr>
<td>Cancer or Malignancy</td>
<td>High Blood Pressure</td>
<td>Rheumatic Fever</td>
<td>Visual Impairment</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>HIV</td>
<td>Sickle Cell Trait</td>
<td>Other</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Kidney Infection or Stone</td>
<td>Sickle Cell Disease</td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal Disorder</td>
<td>Lung Disease</td>
<td>Seizure Disorder</td>
<td></td>
</tr>
</tbody>
</table>

**FAMILY HISTORY:** Circle if condition exists in your family (immediate family, grandparents, aunts, uncles and cousins).

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Cancer</th>
<th>High Blood Pressure</th>
<th>Sudden Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>Diabetes</td>
<td>Lung Disease</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Asthma</td>
<td>Eye Disorder</td>
<td>Psychiatric Disorder</td>
<td>Ulcer</td>
</tr>
<tr>
<td>Bleeding Disorder</td>
<td>Heart Disease</td>
<td>Stroke</td>
<td>Other</td>
</tr>
</tbody>
</table>

**FOR SIGNATURE OF PARENTS/LEGAL GUARDIANS OR STUDENTS 18 YEARS OF AGE OR OLDER**

Virginia law requires parental permission in order to provide medical or surgical care to minors. Parents/legal guardian must sign the following consent statement to ensure medical care is carried out promptly without unnecessary delays.

**RELEASE OF MEDICAL RECORDS:** I authorize the release of all medical records to Virginia State University Student Health Center. I hereby authorize the physicians, clinicians, and staff nurses of Virginia State University Student Health Center to examine, interview, test, and if necessary, treat my son/daughter/myself, as deemed advisable.

Signature: __________________________ Date: _____/_____/_____
II. PHYSICAL EXAMINATION - To be completed by the LICENSED HEALTH PROFESSIONAL (M.D., P.A., N.P.) PERFORMING THE EVALUATION. Please review the student’s history (Part I), and provide additional details as needed. Please complete the physical exam and comment on all positive findings. DO NOT LEAVE ANY FIELDS BLANK, instead write "N/A" or "not examined".

Name _______________________________________________________
Student V#_____________________________

Las t Last Name Enter First Name MI Enter
HEIGHT: Enter
WEIGHT: Enter lbs. BP: Enter
Pulse: Enter
Vision R 20/ Enter
20/ Enter Both

Please record findings below. If abnormal, please elaborate.

<table>
<thead>
<tr>
<th>Examination findings</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Not Examined</th>
<th>Examination findings</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Not Examined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head, Ear, nose, Throat</td>
<td></td>
<td></td>
<td></td>
<td>Genitourinary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td></td>
<td>Back</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respirator</td>
<td></td>
<td></td>
<td></td>
<td>Extremities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
<td></td>
<td></td>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breasts</td>
<td></td>
<td></td>
<td></td>
<td>Surgical Scars</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td></td>
<td></td>
<td></td>
<td>Metabolic/Endocrine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hernia</td>
<td></td>
<td></td>
<td></td>
<td>Neuropsychiatric</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abnormal findings: __________________________________________________________

Hct or Hgb: _________ *Sickle Cell test: _________ *Urine: Alb. _____ Glu. _____ Micro. _____

*Required for all sports. Attach a copy of lab results

REQUIRED (Please check)

DIAGNOSIS: □ Excellent health with no chronic medical problems  OR  □ Other diagnosis and recommendation (please list):

REQUIRED (Please check)

PHYSICAL ACTIVITY: □ Unlimited  □ Limited (explain):________________________________________

Allergies to Medications: ____________________________________________________________________

Current Medications and Doses: ________________________________________________________________

Examiner’s Signature: ____________________________ Date of Exam: _____/_____/_____

Printed Name: ____________________________________________________________________________

Address: ________________________________________________________________________________

Phone: (Office) (______)___________________________________________________________________
Fax: (______)_____________________________________________________________________________
III. IMMUNIZATION RECORD - To be completed and signed by the LICENSED HEALTH PROVIDER.

All full-time students are required by the Code of Virginia (Section 23-7.5) to provide documentation of their immunizations by a licensed health professional. If you are unable to provide appropriate documentation, vaccines may be repeated. A registration hold for the upcoming semester will be placed if all required immunizations are not up-to-date.

Name ________________________________________________________  Student V#________________________________________
Last Name  First Name  MI

Date of Birth: _____/_____/_____

<table>
<thead>
<tr>
<th>REQUIRED IMMUNIZATIONS</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>
| POLIO  
**date of last dose or booster** |       |     |      |
| DIPHTHERIA/TETANUS/PERTUSSIS (DPT) **completed primary series** |       |     |      |
| TETANUS TOXOID/DIPHTHERIA (Td) or Tdap **within ten years** |       |     |      |
| MMR **(dose 1)** Initial dose after 1st birthday (unless born prior to 1957) |       |     |      |
| MMR **(dose 2)** Given at least 1 month after dose 1 |       |     |      |
| or MMR TITER Please provide copy of report |       |     |      |

<table>
<thead>
<tr>
<th>RECOMMENDED OR WAIVER</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Completion date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENINGOCOCCAL VACCINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENINGOCOCCAL VACCINE BOOSTER if 1st dose before 16th birthday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis B (dose 1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis B (dose 2)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***PLEASE ATTACH COPY OF IMMUNIZATION RECORD***
All information must be in English.

☐ To the best of my knowledge, this person received the above immunizations.

OR

☐ The physical condition of the above named individual is such that immunization could endanger life or health.

Signature of Health Professional: ___________________________________________ Date: _____/_____/_____

Printed Name: ___________________________________________ Phone: (______)___________

Address: ___________________________________________ Fax: (______)___________
Health Evaluation Form

IV. TUBERCULOSIS SCREENING - To be completed by the LICENSED HEALTH PROFESSIONAL (M.D., P.A., N.P., R.N., L.P.N.) PERFORMING THE EVALUATION ONLY. Licensed health professional must sign and date.

The following are the revised tuberculosis screening requirements at Virginia State University. These are revised to reflect the updated recommendations published by the CDC. Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR November 2005; 54 (No. RR-12): 4-5.

Please answer all questions and sign below.

PPD IS ONLY REQUIRED IF ANY OF THE FOLLOWING RESPONSES ARE YES.

(Licensed health professional must sign and date)

Name _______________________________________________________

Student V# _________________________________________________

Last First MI

All answers must be indicated on this form before it is considered complete, incomplete forms will be returned.

1. Traveled to Asia, Africa, Latin America, Eastern Europe, or Russia within the last 5 years?
   □ Yes    □ No

2. Has the student had close contact with persons known or suspected of having tuberculosis?
   □ Yes    □ No

3. Volunteered, been employed or been a resident of a correctional institution, nursing home, mental institution, homeless shelter or other long-term care facility serving high-risk clients?
   □ Yes    □ No

4. Has the student been exposed to a household contact that meets any of the criteria numbers 2-5?
   □ Yes    □ No

5. Was the student born outside of the United States?
   □ Yes    □ No

Date of PPD: _____/_____/_____ Date of reading: _____/_____/_____

Result:_____mm (provide actual size in mm, not just positive/negative) (Within last 12 months)

• If PPD, past or present, is positive-Chest x-ray is REQUIRED within the last 12 months:

  □ Yes    □ No

  Result:_____________________________________________________

• Treatment (medication prescribed and duration of treatment)_____________________________________________________

• Any follow-up recommendations?_____________________________________________________

Examiner’s Signature____________________________________ Date _____/_____/_____

ALL SECTIONS OF THIS FORM (I, II, III, AND IV) MUST BE COMPLETED AND RETURNED TO THE STUDENT HEALTH CENTER. INCOMPLETE FORMS WILL BE RETURNED.
V. MENINGITIS & HEPATITIS B VACCINE INFORMATION

Name _______________________________________________________
Student V#_________________________________________________

Last  First  MI

Date of Birth: _____/_____/_____

Meningitis
Meningitis is an infection of the fluid of the spinal cord and brain, caused by a virus or bacteria and usually spread through exchange of respiratory and throat secretions (i.e., coughing, kissing). Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability. A vaccine is currently available that effectively provides immunity for most types of bacterial meningitis, the more serious form, but there is no vaccine for viral type.

Waiver of Liability:
I have received and read the information pertaining to meningitis. Despite the fact that I understand the risks involved, I refuse to receive the meningitis vaccine.

________________________________________________
Date: _____/_____/_____
Signature of Student (or parent/legal guardian, if under 18 years of age)

________________________________________________
Date: _____/_____/_____
Signature of Witness

Hepatitis B
Hepatitis B is a viral infection of the liver caused primarily by contact with blood and other body fluids from infected persons. Hepatitis B vaccine can provide immunity against hepatitis B infection for persons at significant risk, including people who have received blood products containing the virus through transfusions, drug use, tattoos, or body piercing; people who have sex with multiple partners or with someone who is infected with the virus; and health care workers and people exposed to biomedical waste.

Waiver of Liability:
I have received and read the information pertaining to hepatitis B. Despite the fact that I understand the risks involved, I refuse to receive the hepatitis B vaccine.

________________________________________________
Date: _____/_____/_____
Signature of Student (or parent/legal guardian, if under 18 years of age)

________________________________________________
Date: _____/_____/_____
Signature of Witness

Note: Virginia State University assumes no liability for individuals electing not to be vaccinated for Meningitis or Hepatitis B.
O, the warm mellow sunlight is shining
And the trees like great sentinels stand;
They are guarding our dear Alma Mater
The pride of Virginia’s Land.

Alma Mater, O Mother so tender,
Thy children beloved gather here
To drink from thy fount clear and sparkling
And breathe thy pure atmosphere

Forth we go to the world to do service
Thy lofty command to fulfill
“With they light, go dispel all darkness
And thus do thy Father’s will”

Live on, Live on! Alma Mater,
To Thee we shall always be true;
Our vows we shall pay unto heaven,
And Thee, our Orange and Blue.

Chorus:
Hail State! Hail State! Hail, Hail, Hail!
We’re loyal sons and daughters true to Orange
and Blue;
Our hearts beat warm with love for Thee
Though near or far from Thee we be!
Virginia State, Virginia State, Hail, Hail, Hail!
Far above the Appomattox,
On its lofty hill, Stands the school we
love so dearly,
And we always will; Though the years
may come between us,
Still whatever our fate, We will keep
thy song before us.
Hail Virginia State.

Refrain: Carry me back to Alma
Mater,
Their stand the tree and the temples
we adore, Life’s sweetest song we will
sing to our Mother, Hail to Virginia
State our home forever more.

Keep our aim and purpose steadfast,
Thru the darkest night, Lead us on to
full achievement,
By they guiding light; Then when we
fulfill our mission,
Be it small or great, We will sing they
praise forever.
Hail Virginia State.