




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 printed and then signed by a Health Care Professional. 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@wwc.edu** by **JULY 15, 2023**. 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@wwc.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@wwc.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 <u>2 doses Varicella required.</u>	Dose #1 Date __/__/__	Dose #2 Date __/__/__		History of having Chicken Pox/Varicella Disease: Yes _____ No _____
5. Meningitis Vaccine (MCV4) <u>Last dose must be given within the last 5 years</u>	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:				