

Student Health Center
Vanderbilt University Medical Center
Student Demographics and Immunization History
Medical Statement

For Office Use Only:

MRN _____

DOB _____

Epic _____

Compliance _____

**Immunization Compliance is required for Registration-
Due 7/1 for Fall & 12/1 for Spring Enrollment**

Please note: In addition to this Student Health form, Vanderbilt School of Nursing requires completion of the [VUSN Health Questionnaire](#) to register for classes. Follow instructions on the [VUSN Admitted Students](#) webpage and submit by VUSN deadline: July 1 for Fall Enrollees and December 1 for Spring.

**VANDERBILT UNIVERSITY STUDENT DEMOGRAPHIC INFORMATION
FOR NURSING STUDENTS**

Date: _____

Last Name _____ First Name _____ MI _____

Date of Birth ____/____/____ last four of SS# (part of secure VUMC medical record only) _____

Please circle: Male / Female / Other

Program Enrollment: ☐ MSN ☐ Post Masters Certificate ☐ DNP ☐ DNP + Post Masters ☐ PhD

If MSN, Enrollment Type: ☐ Degree if field other than Nursing ☐ ASN/ADN/Diploma ☐ BSN

Enrollment: ☐ Full-Time ☐ Part Time Term Beginning: ☐ Spring ☐ Summer ☐ Fall

**VANDERBILT MEDICAL CENTER (VUMC) & STUDENT HEALTH CENTER
OUPATIENT REGISTRATION INFORMATION**

Were you born at or have been treated at VU Medical Center, Hospital, Clinic or ED? ☐ YES ☐ NO

Home Address: _____

Nashville Address (if known): _____

Home Phone # () _____ Student Cell Phone # () _____

Student E-Mail address: _____

Primary Language if other than English: _____

EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____

Relationship to Student: _____ Home Phone # () _____

Work Phone # () _____ Cell Phone # () _____

I _____ give permission for Vanderbilt Student Health to email _____

(Parent or Legal guardian) at _____ if there are immunization compliance questions or need for further documentation.

Patient/Legal Representative Print Name: _____

Patient/Legal Representative Signature: _____

Relationship: _____ Date: _____ Time: _____

Student Health Center
Vanderbilt University Medical Center
Student Demographics and Immunization History
Medical Statement

For Office Use Only:

MRN _____

DOB _____

Immunization History Information - TO BE COMPLETED AND SIGNED BY A HEALTHCARE PROVIDER

IMMUNIZATION INFORMATION FOR VUMC MEDICAL RECORD

Student's Name _____ Student's Date of Birth _____:

REQUIRED STATE MANDATED IMMUNIZATIONS –		Date Administered (Month-Day-Year)
*Registration will be held if not compliant		
*M.M.R. (MEASLES, MUMPS, RUBELLA) (Two doses required, at least 28 days apart for students born after 1956.) Dose #1 given at age 12 months or later..... Dose #2 given at least 28 days after first dose..... If unable to locate information, submit positive titer results (Official lab results must be attached)		#1 _____ - _____ - _____ #2 _____ - _____ - _____
*VARICELLA If you were born after 1980- 2 vaccinations <u>OR</u> History of Disease <u>OR</u> Official positive titer results are required. • Dose #1 given at age 12 months or later..... Dose #2 given at least 28 days after first dose..... • *History of Disease <input type="checkbox"/> Yes (Month/Day/Year of disease _____ - _____ - _____) *Hx of disease is not accepted under VUSN's requirements • Positive Titer Results <input type="checkbox"/> Yes (Official lab results must be attached for Student Health)		#1 _____ - _____ - _____ #2 _____ - _____ - _____ <input type="checkbox"/> Exempt (born before 1980)
OPTIONAL REPORTING		Date Administered (Month-Day-Year)
HEPATITIS A Dose #1..... Dose #2 (given 6-12 mo. after first).....		#1 _____ - _____ - _____ #2 _____ - _____ - _____
HEPATITIS B Dose #1..... Dose #2 (1-2 mo. after 1st)..... Dose #3 (4-6 mo. after 1st)		#1 _____ - _____ - _____ #2 _____ - _____ - _____ #3 _____ - _____ - _____
HPV Dose #1..... Dose #2 (1-2 mo. after 1st)..... Dose #3 (4-6 mo. after 1 st).....		#1 _____ - _____ - _____ #2 _____ - _____ - _____ #3 _____ - _____ - _____
MENINGOCOCCAL – A,C,Y,W (eg. Menactra, Menveo) – Dose most recently received (usually prior to undergrad college entry)		_____ - _____ - _____
MENINGOCOCCAL – SEROTYPE B (eg. Trumenba or Bexsero after 2015) Dose #1 (Bexsero or Trumenba)..... Dose #2 (Bexsero or Trumenba)..... Dose #3 (if Trumenba and high risk).....		<input type="checkbox"/> Bexsero <input type="checkbox"/> Trumenba #1 _____ - _____ - _____ #2 _____ - _____ - _____ #3 _____ - _____ - _____
POLIO (primary series required for all students) Date of last polio immunization.....		<input type="checkbox"/> IPV <input type="checkbox"/> OPV _____ - _____ - _____
TETANUS-DIPHTHERIA-PERTUSSIS Tdap (Preferred- may be given regardless of last dT booster)..... OR dT booster within 10 years.....		_____ - _____ - _____ OR _____ - _____ - _____

Student Health Center
Vanderbilt University Medical Center
Student Demographics and Immunization History
Medical Statement

For Office Use Only:

MRN _____

DOB _____

Student Health History & Wellness Questionnaire
TO BE COMPLETED BY A HEALTH CARE PROVIDER

HEALTH HISTORY INFORMATION

Student's Name _____ Student's Date of Birth _____

Current Weight _____ Current Height _____ Current BMI _____

Is assessment by a dietician or physician recommended upon arrival to campus? ☐ Yes ☐ No

Current Diagnoses or Pertinent Past Medical History ☐ None

1. _____
2. _____
3. _____

Allergies ☐ None

1. _____
2. _____

Current Medications ☐ None

1. _____
2. _____
3. _____

I certify the accuracy of the health information that I have provided Vanderbilt Student Health Center:

Provider Print Name _____ (Printed or stamped name of healthcare provider)

Address _____

Phone # () _____

Provider Signature _____ Date _____ Time: _____

If I have recommended follow-up on the Vanderbilt campus due to chronic illness or mental health issues that need ongoing care, I have asked the student and his/her family to contact the appropriate resources prior to arrival to campus.

Student Health Center 615-322-2427 <https://vumc.org/student-health/>

University Counseling Center 615-322-2571 <https://vanderbilt.edu/ucc/>

Student Health Center
Vanderbilt University Medical Center
Student Demographics and Immunization History
Medical Statement

Instructions for reporting Immunization Compliance to Vanderbilt Student Health Center:

Step 1	Take this health form to your provider to have them complete & sign. <i>The SHC form also contains important emergency contact information and health history—therefore is preferred.</i> However, If you do not have a provider, you may use MD office, state, county, or official international immunization records.
Step 2	Since you are a new student, you will need to create an account in our student health portal at https://vanderbilt.studenthealthportal.com . You must wait 24 hours from claiming your VUNet ID to use this unique HIPAA compliant system. Click to register, enter info, and a unique password will be emailed to you in minutes.
Step 3	After you receive your password and log back into the portal, go to FORMS and enter your immunization vaccinations dates into the portal (these are the dates on page 2 of our form).
Step 4	Scan and upload all 4 pages of our form + any additional immunization records that you may have by using the DOCUMENT UPLOAD tab. Save your hard copies in a secure location.
Step 5	Allow Student Health 7 business days to review your documentations and verify compliance. Student Health will send you a confirmation message (via the portal) when your records have been reviewed and <u>accepted</u> for compliance. The registrar's office will then remove your registration hold in the YES system and you can register at your assigned time.
Reminder	In addition to this Student Health form, Vanderbilt School of Nursing requires completion of the VUSN Health Questionnaire to register for classes. Follow instructions on the VUSN Admitted Students webpage and submit by VUSN deadline: July 1 for Fall Enrollees and December 1 for Spring.

FAQs regarding Immunization Compliance:

What if my provider wants to fax or mail my records? This is not recommended for fastest processing, but they may do so at our fax: 615-343-0047 Attn: Immunization Compliance or mail to the Vanderbilt Student Health Center, Zerfoss Bldg, Sta. 17, F3200, Nashville, TN 37232-8710. **Do not submit documents via multiple methods.**

What if I have already submitted my immunization records to CastleBranch? The School of Nursing uses the CastleBranch system for clinical and security factor compliance needs. However, as a Graduate level student, you will also need to meet compliance with the Student Health Center/Vanderbilt University. Therefore, you must submit your records in BOTH places- the student health portal and Castlebranch..

What if I am not compliant and I don't have the appropriate vaccinations? Student Health will communicate non-compliance via the student health portal secure message and inform you of next steps. Your registration hold remains until you are compliant.

What if I have questions regarding the Student Health form: Email studenthealth@vumc.org and submit your student name, email, call back phone number and question. You may also call our clinic at 615-322-2427. If you have questions for the School of Nursing or regarding the Castlebranch system, contact Lisa Boyer, Program Manager at Lisa.Boyer@vanderbilt.edu.