

**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  
OUTPATIENT 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

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### 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)
<b>*Registration will be held if not compliant</b>		
<b>*M.M.R. (MEASLES, MUMPS, RUBELLA)</b> (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 _____ - _____ - _____		
<b>*VARICELLA</b> 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 _____ - _____ - _____) <i>*Hx of disease is not accepted under VUSN's requirements</i> • Positive Titer Results <input type="checkbox"/> Yes (Official lab results must be attached for Student Health)		
#1 _____ - _____ - _____ #2 _____ - _____ - _____ <input type="checkbox"/> <b>Exempt</b> (born before 1980)		
OPTIONAL REPORTING		Date Administered (Month-Day-Year)
<b>HEPATITIS A</b> Dose #1..... Dose #2 (given 6-12 mo. after first)..... 		
#1 _____ - _____ - _____ #2 _____ - _____ - _____		
<b>HEPATITIS B</b> Dose #1..... Dose #2 (1-2 mo. after 1st)..... Dose #3 (4-6 mo. after 1st) .....		
#1 _____ - _____ - _____ #2 _____ - _____ - _____ #3 _____ - _____ - _____		
<b>HPV</b> Dose #1..... Dose #2 (1-2 mo. after 1st)..... Dose #3 (4-6 mo. after 1 <sup>st</sup> ).....		
#1 _____ - _____ - _____ #2 _____ - _____ - _____ #3 _____ - _____ - _____		
<b>MENINGOCOCCAL - A,C,Y,W (eg. Menactra, Menveo) -</b> Dose most recently received (usually prior to undergrad college entry)		
_____ - _____ - _____		
<b>MENINGOCOCCAL - SEROTYPE B (eg. Trumenba or Bexsero after 2015)</b> Dose #1 (Bexsero or Trumenba)..... Dose #2 (Bexsero or Trumenba)..... Dose #3 (if Trumenba and high risk).....		
<input type="checkbox"/> <b>Bexsero</b> <input type="checkbox"/> <b>Trumenba</b> #1 _____ - _____ - _____ #2 _____ - _____ - _____ #3 _____ - _____ - _____		
<b>POLIO</b> (primary series required for all students) Date of last polio immunization..... 		
<input type="checkbox"/> <b>IPV</b> <input type="checkbox"/> <b>OPV</b> _____ - _____ - _____		
<b>TETANUS-DIPHTHERIA-PERTUSSIS</b> Tdap (Preferred- may be given regardless of last dT booster)..... <b>OR</b> dT booster within 10 years.....		
_____ - _____ - _____ <b>OR</b> _____ - _____ - _____		

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**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/>

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## 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 <a href="https://vanderbilt.studenthealthportal.com">https://vanderbilt.studenthealthportal.com</a> . 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	<b>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 <u>Admitted Students</u> webpage and submit by VUSN deadline: July 1 for Fall Enrollees and December 1 for Spring.</b>

### **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](mailto: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](mailto:Lisa.Boyer@vanderbilt.edu).