

*For Office Use Only:*

MRN \_\_\_\_\_

DOB \_\_\_\_\_

Epic \_\_\_\_\_

Compliance \_\_\_\_\_

**Important! -Compliance Required prior to Registration -**

**Due 7/1 for fall & 12/1 for spring enrollment:**

- **State-Mandated Immunizations\* (see page 2) are REQUIRED -**  
Submit to Student Health Center (*per instructions on page 4 of this form*)
- **Review VUSN's New Student Requirements on: [Admitted Student webpage](#) -**  
Completion of: [VUSN Health Questionnaire](#) is **REQUIRED**

**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: \_\_\_\_\_

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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 \_\_\_\_\_:

<b>REQUIRED! *STATE MANDATED IMMUNIZATIONS –</b> <b>*Registration will be held if not compliant</b>		<b>Date Administered (Month-Day-Year)</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. <ul style="list-style-type: none"> <li>Dose #1 given at age 12 months or later.....  Dose #2 given at least 28 days after first dose.....</li> <li>*History of Disease <input type="checkbox"/> Yes (Month/Day/Year of disease _____ - _____ - _____)  <b>*VUSN does not accept Hx of disease. Click on: <a href="#">VUSN Health Questionnaire</a></b></li> <li>Positive Titer Results <input type="checkbox"/> Yes (Official lab results must be attached for Student Health)</li> </ul>		#1 _____ - _____ - _____ #2 _____ - _____ - _____ <input type="checkbox"/> Exempt (born before 1980)
<b>OPTIONAL REPORTING</b>		
<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"/> Bexsero <input type="checkbox"/> Trumenba #1 _____ - _____ - _____ #2 _____ - _____ - _____ #3 _____ - _____ - _____
<b>POLIO</b> (primary series required for all students) Date of last polio immunization..... 		<input type="checkbox"/> IPV <input type="checkbox"/> OPV _____ - _____ - _____
<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/>

## 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	Use DOCUMENT UPLOAD tab to submit scanned copies of: All 4-pages of the SHC form ( <i>preferred</i> ) or the <a href="#">VUSN Health Questionnaire</a> ( <i>completed &amp; signed by health provider</i> ) <b>plus</b> any additional records you'd like to provide. <b>OR</b> Upload copies of the state-mandated immunizations (MMR & Varicella on pg. 2) documented by a MD office, state, county or your official international immunization records (in English). 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 <a href="#">VUSN Health Questionnaire</a> to register for classes. Follow instructions on VUSN's <a href="#">Admitted Student webpage</a> and submit by 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 Castle Branch?** The School of Nursing uses the Castle Branch 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- through the Student Health Portal and Castle Branch.

**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.

**Questions:** Student Health Center (*state requirements*)- email [studenthealth@vumc.org](mailto:studenthealth@vumc.org) with student name, email, call back phone number and question OR call, 615-322-2427. VUSN (*new student requirements in Castle Branch*)- Lisa Boyer, Compliance Officer at, [lisa.boyer@vanderbilt.edu](mailto:lisa.boyer@vanderbilt.edu) or 615-343-3294.