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**
**Vanderbilt University Medical Center**
**Student Demographics and Immunization History**

### Medical Statement

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

**IMMUNIZATION INFORMATION FOR VUMC MEDICAL RECORD**

<table>
<thead>
<tr>
<th>REQUIRED STATE MANDATED IMMUNIZATIONS – *Registration will be held if not compliant</th>
<th>Date Administered (Month-Day-Year)</th>
</tr>
</thead>
</table>
| **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…………………………………………………………... | #1 ____ - ____ - ____ |
| | #2 ____ - ____ - ____ |
| If unable to locate information, submit positive titer results (Official lab results must be attached) | |
| **VARICELLA**  
If you were born after 1980  
2 vaccinations OR History of Disease OR Official positive titer results are required.  
- Dose #1 given at age 12 months or later……………………………………………………………………... | #1 ____ - ____ - ____ |
| | #2 ____ - ____ - ____ |
| *History of Disease □ Yes (Month/Day/Year of disease _____ - _____ - _____)  
*Hx of disease is not accepted under VUSN’s requirements  
- Positive Titer Results □ Yes (Official lab results must be attached) | □ Exempt (born before 1980) |

### Optional Reporting

<table>
<thead>
<tr>
<th>Date Administered (Month-Day-Year)</th>
</tr>
</thead>
</table>
| **HEPATITIS A**  
Dose #1…………………………………………………………………………………………………………… | #1 ____ - ____ - ____ |
| Dose #2 (given 6-12 mo. after first)………………………………………………………………………… | #2 ____ - ____ - ____ |
| **HEPATITIS B**  
Dose #1…………………………………………………………………………………………………………… | #1 ____ - ____ - ____ |
| Dose #2 (1-2 mo. after 1st)…………………………………………………………………………………… | #2 ____ - ____ - ____ |
| Dose #3 (4-6 mo. after 1st)…………………………………………………………………………………… | #3 ____ - ____ - ____ |
| **HPV**  
Dose #1…………………………………………………………………………………………………………… | #1 ____ - ____ - ____ |
| Dose #2 (1-2 mo. after 1st)…………………………………………………………………………………… | #2 ____ - ____ - ____ |
| Dose #3 (4-6 mo. after 1st)…………………………………………………………………………………… | #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)…………………………………………………………………………………… | □ Bexsero □ Trumenba |
| Dose #2 (Bexsero or Trumenba)…………………………………………………………………………………… | #1 ____ - ____ - ____ |
| Dose #3 (if Trumenba and high risk)……………………………………………………………………………… | #2 ____ - ____ - ____ |
| **POLIO** (primary series required for all students)  
Date of last polio immunization……………………………………………………………………………………… | □ IPV □ OPV |
| | ____ - ____ - ____ |
| **TENTANUS-DIPHTHERIA-PERTUSIS**  
Tdap (Preferred- may be given regardless of last dT booster)………………………………………………… | OR |
| OR dT booster within 10 years……………………………………………………………………………………... | ____ - ____ - ____ |
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 University.

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/
Psychological and Counseling Center 615-322-2571 https://vumc.org/pcc/
Instructions for reporting to Student Health for Immunization Compliance:

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Take this health form to your provider to have them complete &amp; sign. The SHC form also contains important emergency contact information and health history—therefore is preferred. However, If you do not have a provider, you may use MD office, state, county, or official international immunization records.</td>
</tr>
<tr>
<td>Step 2</td>
<td>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.</td>
</tr>
<tr>
<td>Step 3</td>
<td>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).</td>
</tr>
<tr>
<td>Step 4</td>
<td>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.</td>
</tr>
<tr>
<td>Step 5</td>
<td>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 accepted for compliance. The registrar’s office will then remove your registration hold in the YES system and you can register at your assigned time.</td>
</tr>
</tbody>
</table>

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FAQ’s 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 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: Email studenthealth@vanderbilt.edu and submit your student name, email, call back phone number and question. We will be happy to assist you within 24 hours. You may also call us at 615-322-2427.