

**Student Health Center**  
**Vanderbilt University Medical Center**  
**Student Demographics and Immunization History**  
**Graduate and Post Graduate Students**  
Medical Statement – *Student Health*



Patient Label or Patient Identifiers

**Immunization Compliance is required for Registration**  
**Due 12/1 for Spring, 5/1 for Summer & 5/15 for Fall**

VANDERBILT UNIVERSITY STUDENT DEMOGRAPHIC INFORMATION FOR GRADUATE AND POST GRADUATE STUDENTS	
Date: _____	<i>For Office Use Only: Epic</i> _____ <i>Compliance</i> _____
Last Name: _____	First Name: _____ MI: _____
Date of Birth: ____/____/____	last four of SS# (part of secure VUMC medical record only): _____
Please circle: Male / Female / Other	Preferred Name (if applicable): _____
International Student: Yes / No	
Graduate Program Enrollment:	<input type="checkbox"/> Divinity <input type="checkbox"/> Graduate <input type="checkbox"/> Law <input type="checkbox"/> MPH Public Health <input type="checkbox"/> OWEN <input type="checkbox"/> Peabody <input type="checkbox"/> Other
Term Beginning: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	Enrollment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time
Did you attend Vanderbilt for Undergraduate School: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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? <input type="checkbox"/> YES <input type="checkbox"/> 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/Mobile #: (    ) _____

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 Compliance & TB Requirements**

The State of Tennessee requires that all students entering college present a certificate of immunization that the student has received all immunizations required by law. While your state or country of origin may have different requirements, you must comply as required by Tennessee laws and Vanderbilt University requirements.

**Deadlines for submission to Immunization Records**

You must be compliant with your immunizations and TB requirements to register for classes at your assigned time. Use these dates as guidelines to submit your records so that you can register appropriately:

- **Fall Semester:** May 15
- **Spring Semester:** December 1
- **Summer Semester:** May 1

**New Student Checklist (Action Required)**

**STEP 1:** Complete the online Tuberculosis Screening Form at <https://is.gd/requiredtbform>.

**STEP 2:** Print the PDF at the end of the completed TB Screening Form and follow the instructions provided. These instructions **may** include additional testing from a health care provider (See Step 4).

**STEP 3:** Complete page 1 of our form with your Student, Demographic and Emergency Contact information.

**STEP 4:** Have a doctor's office, clinic, or health department complete the **Immunization Requirements page & Health History page**. The provider must also complete **TB testing** from **STEP 2** (if applicable). *If unable to have a provider complete these pages by the deadline, you may also attach official signed/stamped immunization records (in English). TB testing must be current.*

**STEP 5:** As a first-time user, register for our unique HIPAA compliant Vanderbilt Student Health Portal (<https://vanderbilt.studenthealthportal.com>). Follow instructions in portal to register. *Note that you won't have access to this portal until you have claimed your VUnetID and waited 24 hours.*

**STEP 6:** Once in the portal, go to "My Forms" at the top toolbar. Click on GRAD/UGRD and enter your immunization dates from your hard copy pages into the portal and "Submit" them into the system.

**STEP 7:** Go to "Document Upload" at the top toolbar and attach your **TB Questionnaire and Immunization/Health History** scans. If you have additional documents to upload (TB tests, lab reports for titers) upload these as well. **Student Health cannot begin the review until we receive your scans.**

**STEP 8:** Monitor your email. Communications regarding compliance or next steps can be found by logging into <https://vanderbilt.studenthealthportal.com> and clicking "Messages" in the toolbar. Once compliant, your registration hold will be removed in the Vanderbilt YES system allowing you to register for classes during your assigned time.

**STEP 9:** Waive Student Health Insurance if applicable. Go to <https://vumc.org/student-health/student-health-insurance> for more information by the deadline. Failure to comply will result in charges to account.

Questions? Refer to our Frequently Asked Questions section([www.vumc.org/student-health/immunization-requirements](http://www.vumc.org/student-health/immunization-requirements)) or contact us at [studenthealth@vumc.org](mailto:studenthealth@vumc.org).

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

**IMMUNIZATION AND TB INFORMATION**

Student's Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

<b>REQUIRED STATE MANDATED IMMUNIZATIONS -</b> <b>*Registration will be held if not compliant for MMR and Varicella</b>	<b>Date Administered</b> <b>(Month-Day-Year)</b>
<b>*M.M.R. (MEASLES, MUMPS, RUBELLA)</b> If you were born after 1956 - 2 vaccinations <b>OR</b> 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..... If unable to locate information, submit positive titer results. <input type="checkbox"/> Yes, attached	#1 _____ - _____ - _____ #2 _____ - _____ - _____
<b>*VARICELLA</b> If you were born after 1980- 2 vaccinations <b>OR positive</b> titer results <b>OR</b> history of disease required: • Dose #1 given at age 12 months or later..... • Dose #2 given at least 28 days after first dose..... • Positive Titer Results <input type="checkbox"/> Yes (Official lab results must be attached) • <b>HISTORY OF DISEASE accepted for domestic/non-international students only:</b> Date of Chicken Pox Disease (Month – Day – Year) _____ - _____ - _____	#1 _____ - _____ - _____ #2 _____ - _____ - _____  <input type="checkbox"/> Exempt (born before 1980)
<b>*TB Screening Survey Completed</b> <input type="checkbox"/> Yes, Attached	
<b>OTHER RECOMMENDED IMMUNIZATIONS Registration Not Held</b>	<b>Date Administered</b> <b>(Month-Day-Year)</b>
<b>COVID-19</b> <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Janssen (J&J) <input type="checkbox"/> Moderna <input type="checkbox"/> Pfizer <input type="checkbox"/> Other Dose #1..... Dose #2.....	#1 _____ - _____ - _____ #2 _____ - _____ - _____
<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 (Record adolescent dose. If no adolescent dose, give Tdap booster)..... <b>AND/OR</b> Td booster (if > 10 yrs since Tdap).....	_____ - _____ - _____ _____ - _____ - _____

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**Student Health History & Wellness Questionnaire**  
TO BE COMPLETED BY A HEALTHCARE 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) - May not be a family member of the student.

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://vmc.org/student-health/>  
**University Counseling Center** 615-322-2571 <https://vanderbilt.edu/ucc/>