

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



Patient Label or Patient Identifiers

Immunization & TB Compliance is required
For Medical Students. Please submit by 5/15.
You cannot begin your program without compliance.

VANDERBILT UNIVERSITY STUDENT DEMOGRAPHIC INFORMATION
FOR MEDICAL STUDENTS

Date: _____ *For Office Use Only: Epic* _____ *Compliance* _____
Last Name: _____ First Name: _____ MI: _____
Date of Birth: ____/____/____ last four of SS# (part of secure VUMC medical record only): _____
Please circle: Male / Female / Other
Medical Student Enrollment Program : Hearing & Speech Medical Medical Physics
 Masters of Genetic Counseling

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

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

REQUIRED MEDICAL STUDENT IMMUNIZATIONS & TITERS	Date Administered (Month-Day-Year)
HEPATITIS B - (Three doses required) Dose #1..... Dose #2 (1-2 mo. after 1st)..... Dose #3 (4-6 mo. after 1st)..... If Hep B series was completed within the last 3 months, a titer is strongly recommended to assess response: Hep B Titer Date & Result (attach lab report):	#1 ____ - ____ - ____ #2 ____ - ____ - ____ #3 ____ - ____ - ____ ____ - ____ - ____ Immune or Non-Immune
M.M.R. (MEASLES, MUMPS, RUBELLA) - (Two doses required OR titer results) Dose #1 given at age 12 months or later..... Dose #2 given at least 28 days after first dose..... If no vaccination records are available, titer results are required (attach lab report): Measles, Mumps, Rubella Titers Date: Titers Result:	#1 ____ - ____ - ____ #2 ____ - ____ - ____ ____ - ____ - ____ Immune or Non-Immune
VARICELLA - (2 doses required OR positive titer results) Dose #1 given at age 12 months or later..... Dose #2 given at least 28 days after first dose..... If no vaccination records are available, Varicella titer Date (attach lab report): Titer Result: <i>*History of chicken pox disease is not acceptable compliance for healthcare professionals</i>	#1 ____ - ____ - ____ #2 ____ - ____ - ____ ____ - ____ - ____ Immune or Non-Immune
TDAP – (Adolescent or Adult Booster. Must be within 10 years of entry date.) DTP/DTap and Td/TD vaccines do not meet this requirement <i>Note: VUMC requires the influenza vaccine for all students in clinical setting. This vaccine is required during Fall of 2021 and must be completed by 12/1/2021.</i>	____ - ____ - ____
OTHER IMMUNIZATIONS	
COVID-19 <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 ____ - ____ - ____
HEPATITIS A Dose #1..... Dose #2 (given 6-12 mo. after first).....	#1 ____ - ____ - ____ #2 ____ - ____ - ____
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 (Date of last dose)	____ - ____ - ____ IPV or OPV
Td - date of most recent dose	____ - ____ - ____

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Tuberculosis History & Screening for Medical Students-
 TO BE COMPLETED BY A HEALTHCARE PROVIDER

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

Note to providers completing this form- A 2 Step PPD (skin test) or IGRA (blood test) is required for all incoming Medical students at Vanderbilt University Medical School.

Please administer the 2-Step PPD (preferred) or IGRA and note the results in the appropriate table below.

Complete this table if student has no past history of (+) PPD or IGRA			
NO PAST HISTORY OF (+) PPD or IGRA	PPD #1	Given: ____/____/____ Must be administered on/after July 1, 2020	Date Read: ____/____/____ (within 3 days of placement) Induration: _____ mm** Positive or Negative
	PPD #2	Given: ____/____/____ Must be administered on/after April 1, 2021	Date Read: ____/____/____ (within 3 days of placement) Induration: _____ mm** Positive or Negative
	IGRA	Date: ____/____/____ Must be completed on/after April 1, 2021	Positive or Negative (circle) (Attach lab report for verification)
			If newly documented positive, a chest x-ray is also required on/after January 1, 2021: Date of Chest X-Ray: ____/____/____ Results: Normal or Abnormal (circle) Treatment Started: Yes or No (circle) If yes, Date of Treatment: ____/____/____ Provider-Please provide a copy of x-rays or IGRA results to student to submit with this form to Vanderbilt SHC

OR

Complete this table depending on history of positive PPD or positive IGRA			
HISTORY OF POSITIVE (+) PPD or IGRA	(+) PPD**	Date of prior positive PPD: ____/____/____	Induration: _____ mm** Repeat PPD not needed
	(+) IGRA	Date: ____/____/____	Repeat IGRA not needed
			A chest x-ray is also required after January 1, 2021: Date of Chest X-Ray: ____/____/____ Results: Normal or Abnormal (circle) Treatment Completed: Yes or No (circle) If yes, Date of Treatment: ____/____/____ Provider-Please provide a copy of x-rays or IGRA results to student to submit with this form to Vanderbilt SHC

****PPD Interpretation Guidelines**

>5mm is positive:	>10 mm is positive:	>15 mm is positive if no risk factors
-Recent close contact with person with active TB -Abnormal CXR c/w past TB disease -Organ transplant or other immunosuppression -HIV/AIDS	-Immigration from high prevalence area within 5 years -Illicit drug use -Worker in healthcare, homeless shelter, prisons -Chronic health issues, as per above questions	

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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: _____

Current Diagnoses or Pertinent Past Medical History*

1. _____
2. _____
3. _____

**Students with blood-borne infections (HIV, Hepatitis B, Hepatitis C) will be required to undergo further health screening at the Student Health Center upon arrival on campus. It is a VUMC policy that these infections are self-disclosed by healthcare students and employees so that the continuity of care for the student is arranged and patient safety is assured. No private health information is disclosed to the School of Medicine.*

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 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/>

Medical Students should refer to the Student Health website www.vumc.org/student-health/immunization-requirements-new-students for information on uploading these forms to the Student Health Portal.