## Student Health Center Vanderbilt University Medical Center Student Demographics and Immunization History Graduate/Professional Student

University Counseling Center - 615-322-2571 <a href="https://vanderbilt.edu/ucc/">https://vanderbilt.edu/ucc/</a>

Medical Statement - Student Health

Immunization Compliance is require	d for Class Reg	gistration –	See Follo	wing Page fo	or deadli	nes and details.		
STUDENT DEMOGRAPHIC INFORMATION SECTION – TO BE COMPLETED BY STUDENT								
Last Name:		_ First Nam	irst Name:			Middle Initial:		
Preferred First Name (if Applicable):								
Current Legal Gender: Male Female	Gender Ide	ntity: Male	Female	Non-Binary	Prefei	red Pronouns:		
Student Cell Phone: Student E-Mail:								
Permanent Address (Street/City/State/Zip Code)								
Nashville Address if known (Street/City/S	tate/Zip Code):							
			ar Entry : International Student (circle): Yes No					
Emergency Contact Information- Name	:							
IMMUNIZATION HISTORY SECTIONA&B - TO BE COMPLETED AND SIGNED BY A HEALTHCARE PROVIDER								
Section A Required Immunizations – Student must have completed to register for classes								
	Dose #1 Month / Day/ Ye	Do	ose #2 Day/ Year	Date of Titer		History of Chicken Pox Disease (*Applicable for Domestic Students only)		
Measles, Mumps, Rubella (MMR)- Series of 2 doses after age 1 -OR-								
Immunity by positive titer (age16+) (Exempt if born before 1/1/1957)				(Lab Report Req	uired)			
Varicella (Chicken Pox)- Series of 2 doses after age 1 and the year								
1995 <b>-OR</b> - Immunity by positive titer								
(age 16+) -OR- History of Disease* (Exempt if born before 1/1/1980)				(Lab Report Req	uired)			
Section B Recommended Immunizations -CDC recommended, SHC will document in VUMC medical record for continuity of care.								
		onth / Day/ Year	Month / Day		/ Day/ Year	Month / Day/ Year	Month / Day/ Year	
COVID (enter doses as applicable)								
Use this line for brand/ type detail (Pfizer, Moderna, J&J,								
Sinopharm, Bivalent, etc.)  Diphtheria, Pertussis, Tetanus (circle DTaP or DTP)								
Haemophilus Influenzae type b (HIB)	ar of DTF)							
Hepatitis A								
Hepatitis B								
HPV								
Influenza (most recent dose only)								
Meningococcal ACWY								
Meningitis Serogroup B (circle type- Bexsero or Trumenba)								
Pneumococcal								
Polio (circle type- IPV or OPV)								
Td (list most recent dose only)								
<b>Tdap</b> (list adolescent or adult dose)								
I certify the accuracy of the vaccine information that I have provided Vanderbilt Student Health Center.								
Provider Name: (Printed or stamped name of healthcare provider - may NOT be a family member)								
Address: Phone #: ( )								
Provider Signature:	o illa ogg '	l hoalth in	a that 1		I harre	Date:		
If I have recommended a visit due to chronic illness or mental health issues that need ongoing care, I have asked the student or parent/guardian to contact the appropriate resources prior to arrival to campus.								
Student Health Center - 615-322-2427 https://vumc.org/student-health/								

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Medical Statement - Student Health

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 - Immunization History & TB Documents**

VU requires that you are compliant with your immunizations and tuberculosis requirements before class registration. It can take our team up to 7 business days to verify the dates/documents that you upload to our portal. Use these recommended dates as guidelines to submit your records and allow our team to process:

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

## **New Student Checklist (Action Required)**

- **STEP 1:** Complete the online **Tuberculosis Screening Survey** at <a href="https://is.gd/requiredtbform">https://is.gd/requiredtbform</a>. You must hit submit to the TB data base -and- also SAVE the .pdf file for later upload.
- **STEP 2:** If the result of your survey indicates TB testing is needed, print the testing form, and take to a provider/lab for blood testing (IGRA/QTF-G). TB testing must occur in the <u>current year</u>.
- STEP 3: Immunization records- Have a doctor's office, clinic, or health department complete our form. If you do not have a current provider, you may also attach official signed/stamped immunization records (in English). If you do not have these records either, have applicable titers performed (anti-body blood tests) and obtain lab reports. Scan and SAVE these records as a .pdf or .jpeg file for later upload.
- STEP 4: Once you have your Vanderbilt VUnetID (not Commodore ID) for at least 24 hours, you can register for our unique HIPAA compliant <a href="Student Health Portal">Student Health Portal</a> (<a href="https://vanderbilt.studenthealthportal.com">https://vanderbilt.studenthealthportal.com</a>). Follow instructions on the home page of the portal to register.
- **STEP 5:** Once in the portal, click the **Pending Forms** link. Have both the **TB Survey** and **Immunization** hard copies and scans available for **STEP 6**.
- **STEP 6**: Answer yes/no questions, type in vaccine and/or titer dates in both REQUIRED and RECOMMENDED sections as applicable. You will then upload your saved TB survey & immunizations scans (STEPS 1-3). Submit when all required fields have been completed.
- STEP 7: Within 7 business days of submitting, check your email for messages/next steps from our SHC Team. You may also log into the portal and go to "Messages" in the toolbar.

  Once compliant with TN and VU requirements, your student health registration hold will be removed in the Vanderbilt "YES" system allowing you to register for classes during your assigned time.
- **STEP 8:** Waive Student Health Insurance Plan (SHIP) if applicable to you. As the Student Health Center is not an overseer of SHIP, we are directing you to access the Student Care Network Insurance website <a href="https://www.vanderbilt.edu/studentcarenetwork/your-health-insurance/">https://www.vanderbilt.edu/studentcarenetwork/your-health-insurance/</a> for more information.

Immunization and Compliance Questions? Refer to the <u>Frequently Asked Compliance Questions</u> section of our Student Health website or contact us at <u>studenthealth@vumc.org</u> for a response within 2 business days.