

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

Immunization Compliance is required for Class Registration – See Instructions for Deadlines

STUDENT DEMOGRAPHIC INFORMATION SECTION – TO BE COMPLETED BY STUDENT

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Preferred First Name (if Applicable): _____ **Date of Birth** (Month/Day/Year Format): ____/____/____

Current Legal Gender: Male Female **Gender Identity:** Male Female Non-Binary **Preferred Pronouns:** _____

Student Cell Phone: _____ **Student E-Mail:** _____

Permanent Address (Street/City/State/Zip Code): _____

Emergency Contact Information- Name: _____ Relation: _____ Phone: _____

VUSM Enrollment (circle): Hearing & Speech Masters of Genetic Counseling Master of Imaging Science
 Medical (MD & MSTP) Medical Physics

Section A Required Immunizations	Dose #1 MM/DD/YY	Dose #2 MM/DD/YY	Dose #3 MM/DD/YY	Date of Titer (lab report must be attached)
Measles, Mumps, Rubella (MMR) Series of 2 doses after age 1 -OR- Immunity by positive blood titer (Titer administered age 16+)				
Varicella (Chicken Pox)- Series of 2 doses after age 1 and the year 1995 -OR- Immunity by positive titer (age 16+)				
Hepatitis B- Series of 3 doses Hepatitis B or 2 doses HEPLISAV-B -AND- Immunity by reactive titer (titer MD/MSTP ONLY; done on/after age 16+)				**required for MD/MSTP ONLY**
TDaP (adult dose age 19+)				

Section B Recommended Immunizations – CDC recommended, SHC will document in VUMC medical record for continuity of care.	Dose #1 MM/DD/YY	Dose #2 MM/DD/YY	Dose #3 MM/DD/YY	Dose #4 MM/DD/YY	Dose #5 MM/DD/YY
COVID (list most recent dose only)					
Use this line for brand/type detail					
Diphtheria, Pertussis, Tetanus (circle DTaP or DTP)					
Haemophilus Influenzae type b (HIB)					
Hepatitis A					
HPV					
Influenza (most recent dose only for VUMC record). Note-Annual Influenza required for VUSM students by 11/1 each year.					
Meningococcal ACWY					
Meningitis Serogroup B- (Bexsero or Trumenba)					
Pneumococcal					
Polio (circle type- IPV or OPV)					
Td (list most recent dose only)					

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: _____ 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/>
University Counseling Center - 615-322-2571 <https://vanderbilt.edu/ucc/>

Student Health Center
Vanderbilt University Medical Center
Student Demographics and Immunization History
VUSM Student – Clinical
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, Vanderbilt University, and VUMC requirements.

Deadlines for submission to Immunization History Form & TB Form

You must submit both your immunizations/titers and your TB testing documents in advance of arrival on campus- we prefer 1 month in advance of arrival. Do not wait until arrival for titers or testing.

New Student Checklist (Action Required)

STEP 1: Complete the online **Tuberculosis Screening Survey Form** at <https://redcap.link/requiredtbform>. You must hit submit to the TB data base -and- also SAVE the .pdf file for later upload.

STEP 2: TB testing is required for all incoming VUSM students. Print the testing form and take to a provider/lab. for **blood testing** (IGRA/QTF-G). TB blood testing must occur within 3 months of the program start date. You need to have the form completed and get a copy of the lab report to upload.

STEP 3: Immunization records- Have your provider, clinic, or health department complete the Immunization Form (page 1), or you may attach official signed/stamped records or titer reports (in English). Please verify **that you meet requirements**. If you don't then have the necessary titers or vaccines done.

STEP 4: **After you have your Vanderbilt VUnetID for at least 24 hours**, you will register for our unique HIPAA compliant portal (<https://vanderbilt.studenthealthportal.com>). Follow instructions in portal.

STEP 5: Once in the portal, click Pending Program Forms. Have all TB testing/Titer/Immunization information scanned and ready to upload in **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 scans and submit when all fields are completed.

STEP 7: **Within 7 business days, 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 VUMC requirements, your registration hold will be removed from the “YES” system.

STEP 8: 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 for the continuity of care for the student is arranged, and patient safety is insured. ***No private health information is disclosed to VUSM.***

STEP 9: Waive Student Health Insurance if applicable (if applicable). Access the Student Care Network Insurance Page at <https://vanderbilt.edu/studentcarenetwork/your-health-insurance> for more information by the deadline. Failure to comply will result in charges to student account.