# Student Health Center
# Vanderbilt University Medical Center
## Student Demographics and Immunization History
## VUSN Student – All Nursing Programs
Medical Statement – *Student Health*

**Immunization Compliance is required for Class Registration – See Instructions/New Student Checklist for Details**

**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: _____

**VUSN Program Degree**: _____

**IMMUNIZATION HISTORY SECTION A & B -** TO BE COMPLETED AND SIGNED BY A HEALTHCARE PROVIDER

| **Section A Required Immunizations -** | **Dose #1 MM/DD/YY** | **Dose #2 MM/DD/YY** | **Dose #3 MM/DD/YY** | **Date of Titer MM/DD/YY** |
|---|---|---|---|---|
| **Measles, Mumps, Rubella (MMR)-** Series of 2 doses after age 1 **-OR-** Immunity by positive blood titer **(Titer given age 16+)** | | | | (Lab Report required) |
| **Varicella (Chicken Pox)-** Series of 2 doses after age 1 and the year 1995 **-OR-** Immunity by positive titer **(age 16+)** | | | | (Lab Report required) |
| **Hepatitis B-** Series of 3 doses **-OR-** Series of 2 doses *Heplisav-B* **- OR-** Immunity by reactive titer **(age 16+)** | | | | (Lab Report required) |
| **Tdap** (age 19+adult dose including pertussis **within past 10 years-** DTP/DTap/Td/TD are not applicable**)** | | | | |

**Section B Recommended Immunizations –** CDC recommended, SHC will document in VUMC medical record for continuity of care.

| | **Month / Day/ Year** | **Month / Day/ Year** | **Month / Day/ Year** | **Month / Day/ Year** | **Month / Day/ Year** |
|---|---|---|---|---|---|
| **COVID** (enter doses as applicable) | | | | | |
| COVID DETAIL -Note (Brand/Type of above date) | | | | | |
| **Diphtheria, Pertussis, Tetanus** (circle DTaP or DTP) | | | | | |
| **Haemophilus Influenzae type b (HIB)** | | | | | |
| **Hepatitis A** | | | | | |
| **HPV** | | | | | |
| **Influenza** (most recent dose only). Note- Updated dose will be required each Fall by October 15th | | | | | |
| **Meningococcal ACWY** | | | | | |
| **Meningitis Serogroup B**- ( Bexsero or Trumenba ) | | | | | |
| **Pneumococcal** (PCV) | | | | | |
| **Polio** (circle type- IPV or OPV) | | | | | |
| **Td/TD** (list most recent dose only) | | | | | |

***I certify the accuracy of the information that I have provided Vanderbilt Student Health Center and Vanderbilt School of Nursing. My signature confirms the patient (named above) has been examined and is capable of carrying out assignments in a nursing school program.***

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 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/*

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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 TN laws, Vanderbilt University, & Vanderbilt University Medical Center requirements.

## Deadlines for submission - Immunization History & TB Form Documents

You must be compliant with your immunizations and tuberculosis requirements to register for classes.
Submit Immunization and TB testing documents to the Student Health portal to meet state requirements.
Submit Immunization, TB, and additional items to the VUSN Compliance portal (EXXAT) to meet clinical requirements for your specific program**.**
Recommended deadlines: July 1 (Fall admits) and November 1 (Spring admits).

## New Student Checklist (Action Required)

**STEP 1:** Complete the online **Tuberculosis Screening Survey** 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 Nursing 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 program start.

**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:** **After you have your Vanderbilt VUnetID (not Commodore ID) for at least 24 hours,** you can register for our **unique** HIPAA compliant Student Health Portal (https://vanderbilt.studenthealthportal.com).
Follow instructions on the home page of the portal to register.

**STEP 5:** Once in the portal, click the **Pending Forms** link. Have all **TB Testing/Titer/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 scans **(STEPS 1-3).**
**You can only 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 https://www.vanderbilt.edu/studentcarenetwork/your-health-insurance/ for more information.

**Reminder to also submit much of same info to VUSN Compliance Portal (EXXAT) if you haven't already.** Follow those steps on VUSN website.

Student Health questions? Refer to our **Frequently Asked Questions** section of the SHC website:
(www.vumc.org/student-health/immunization-requirements) or contact us at studenthealth@vumc.org.