

Student Health Center
Vanderbilt University Medical Center
Student Demographics and Immunization History
Undergraduate Student/Medical Statement- Student Health



Patient Label or Patient Identifiers

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) _____
 Semester Entry (circle): Fall Summer Spring Year Entry : _____ International Student (circle): Yes No
 Emergency Contact Information Name: _____ Relation: _____ Phone: _____
 Parent/Guardian Auth. to treat (if under age 18) - Print Name: _____ Sign: _____

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

Section A Required Immunizations – Student must have completed in order to register for classes

	Dose #1 Month / Day/ Year	Dose #2 Month / Day/ Year	Date of Titer (lab report must be attached)	History of Disease (*Applicable for Domestic Students only)
Measles, Mumps, Rubella (MMR)- Series of 2 doses after age 1 -OR- Immunity by positive blood titer(age16+)				
Varicella (Chicken Pox)- Series of 2 doses after age 1 and the year 1995 -OR- Immunity by positive titer (age 16+) -OR- History of disease*				
Meningococcal ACWY Vaccine- 1 dose required after age 16				

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) 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)					
Hepatitis A					
Hepatitis B					
HPV					
Influenza (most recent dose only)					
Meningitis Serogroup B (circle type- Bexsero or Trumenba)					
Pneumococcal					
Polio (circle type- IPV or OPV)					
Td (list most recent dose only)					
TdaP (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: _____ 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/>

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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 Tennessee laws and Vanderbilt University requirements.

Deadlines for submission to Immunization History Form & TB Form

You must be compliant with your immunizations and tuberculosis requirements to register for classes at your assigned time. Use these dates as [guidelines](#) to submit your records so that you can register before your program deadline:

- **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 Form** at <https://is.gd/requiredtbform>.

STEP 2: If the result of the survey is “No TB Testing Required”, submit to the data base, SAVE the PDF page with your yes/no answers to later upload to the health portal (Step 5). If the result of your survey indicates you need additional steps, print the form, and take to your provider for further evaluation. TB testing must be performed in the current year.

STEP 3: Have a doctor’s office, clinic, or health department complete the **Immunization Form (page 1)**. *If unable to have a provider complete these pages by the deadline, you may also attach official signed/stamped immunization records (in English). Note if you attach your own records, make sure you meet the state immunization requirements in Section A.*

STEP 4: 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 5: 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 6: Go to “Document Upload” at the top toolbar and upload both the **TB Form** and **Immunization Form**. 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 both forms.**

STEP 7: 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 8: Waive Student Health Insurance if applicable. Access the [Student Care Network Insurance page - https://www.vanderbilt.edu/studentcarenetwork/your-health-insurance/](https://www.vanderbilt.edu/studentcarenetwork/your-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) or contact us at student.health@vumc.org.