



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): \_\_\_\_\_  
 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 & Section B Recommended Vaccinations- MUST BE COMPLETED BY A PROVIDER**

Section A Required Vaccinations for VUSM Students	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	Date of Titer (lab report must be attached)
<b>Measles, Mumps, Rubella( MMR)</b> Series of 2 doses after age 1 -OR- Immunity by positive blood titer (Titer administered age 16+)						
<b>Varicella (Chicken Pox)-</b> Series of 2 doses after age 1 and the year 1995 -OR- Immunity by positive titer (age 16+)						
<b>Hepatitis B- Primary Series of 3 doses -AND - Immunity by reactive titer ( age 16+)</b>						
<b>Tdap (adult dose age 19+)</b>						
<b>COVID (primary series)</b>	Dose 1 Date & Manufacturer		Dose 2 Date & Manufacturer			

**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
<b>COVID Omicron Bivalent</b> (circle Moderna or Pfizer)					
<b>Diphtheria, Pertussis, Tetanus</b> (circle DTaP or DTP)					
<b>Haemophilus Influenzae type b (HIB)</b>					
<b>Hepatitis A</b>					
<b>HPV</b>					
<b>Influenza</b> (most recent dose only)					
<b>Meningococcal ACWY</b>					
<b>Meningitis Serogroup B-</b> ( Bexsero or Trumenba )					
<b>Pneumococcal</b>					
<b>Polio</b> (circle type- IPV or OPV)					
<b>Td</b> (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/>

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 Vanderbilt University Medical Center 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. **Please submit both your Immunization Records and your TB testing documents by June 1<sup>st</sup>.**

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

**STEP 1:** Complete the online **Tuberculosis Screening Survey Form** at <https://is.gd/requiredtbform>.

**STEP 2:** Take the TB testing form to your provider and have the appropriate testing completed.  
You will also want to obtain appropriate documents (lab reports, x-rays if needed).

**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 "Medical Programs" 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**. Also, upload your TB blood test lab report and any titer reports.  
**Student Health cannot begin the review until we receive both forms.**

**STEP 7:** 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 8:** 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 or in some cases your program will register for you once compliant.

**STEP 9:** 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](http://www.vumc.org/student-health/immunization-requirements)) or contact us at [student.health@vumc.org](mailto:student.health@vumc.org).