

Student Health Center
Vanderbilt University Medical Center
Student Demographics and Immunization History
Medical Statement

For Office Use Only:

MRN _____

DOB _____

Epic _____

Compliance _____

**Immunization & TB Compliance is required
for Medical students. Please submit by 5/15/18.**

You cannot begin your program without compliance.

**VANDERBILT UNIVERSITY STUDENT DEMOGRAPHIC INFORMATION
FOR MEDICAL STUDENTS**

Date: _____

Last Name _____ First Name _____ MI _____

Date of Birth ____/____/____ last four of SS# (part of secure VUMC medical record only) _____

Please circle: Male / Female / Other

Medical Student Enrollment: Hearing & Speech Medical Medical Physics

**VANDERBILT MEDICAL CENTER (VUMC) & STUDENT HEALTH CENTER OUPATIENT
REGISTRATION INFORMATION**

Were you born at or have been treated at VU Medical Center, Hospital, Clinic or ED? YES NO

Home Address: _____

Nashville Address (if known): _____

Home Phone # () _____ Student Cell Phone # () _____

Student E-Mail address: _____

Primary Language if other than English: _____

EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____

Relationship to Student: _____ Home Phone # () _____

Work Phone # () _____ Cell Phone # () _____

I _____ give permission for Vanderbilt Student health to email _____
(Parent or Legal guardian) at _____ if there are immunization compliance questions or need for
further documentation.

Patient/Legal Representative Print Name: _____

Patient/Legal Representative Signature: _____

Relationship: _____ Date: _____ Time: _____

Student Health Center
Vanderbilt University Medical Center
Student Demographics and Immunization History
 Medical Statement

For Office Use Only:
MRN _____
DOB _____

Immunization History Information - TO BE COMPLETED AND SIGNED BY A HEALTHCARE PROVIDER

Student's Name _____ Student's Date of Birth _____ :

REQUIRED MEDICAL SCHOOL IMMUNIZATIONS & TITERS	Date Administered (Month-Day-Year)
HEPATITIS B - (Three doses required) Dose #1 Dose #2 (1-2 mo. after 1st)..... Dose #3 (4-6 mo. after 1st) If Hep B series was completed within the last 3 months, a titer is strongly recommended to assess response: Hep B Titer Date & Result (<u>attach lab report</u>):	#1 ____ - ____ - ____ #2 ____ - ____ - ____ #3 ____ - ____ - ____ ____ - ____ - ____ Immune or Non-Immune
M.M.R. (MEASLES, MUMPS, RUBELLA)- (Two doses required OR titer results) Dose 1 given at age 12 months or later..... Dose 2 given at least 28 days after first dose..... If no vaccination records are available, titer results are required (<u>attach lab report</u>): Measles, Mumps, Rubella Titers Date : Titers Result:	#1 ____ - ____ - ____ #2 ____ - ____ - ____ ____ - ____ - ____ Immune or Non-Immune
VARICELLA - (2 doses required OR positive titer results) Dose #1 given at age 12 months or later..... Dose #2 given at least 28 days after first dose..... If no vaccination records are available, Varicella titer Date (<u>attach lab report</u>): Titer Result: <i>*History of chicken pox disease is not acceptable compliance for healthcare professionals</i>	#1 ____ - ____ - ____ #2 ____ - ____ - ____ ____ - ____ - ____ Immune or Non-Immune
TDAP- One-Time Adult Booster (<u>administered age 19 or later</u>)	____ - ____ - ____
POLO Primary Series (Date of last dose)	____ - ____ - ____ IPV or OPV

**NOTE: VUMC requires the influenza vaccine for all students in a clinical setting-
 This vaccine is required during Fall 2018 and must be completed by 12/1/18.**

OTHER IMMUNIZATIONS	Date Administered (Month-Day-Year)
HEPATITIS A Dose #1 Dose #2 (given 6-12 mo. after first).....	#1 ____ - ____ - ____ #2 ____ - ____ - ____
HPV Dose #1 Dose #2 (1-2 mo. after 1st)..... Dose #3 (4-6 mo. after 1 st).....	#1 ____ - ____ - ____ #2 ____ - ____ - ____ #3 ____ - ____ - ____
MENINGOCOCCAL – A,C,Y,W (eg. <i>Menactra, Menveo</i>) – Dose most recently received (usually prior to undergrad college entry)	____ - ____ - ____
MENINGOCOCCAL – SEROTYPE B (eg. <i>Trumenba or Bexsero after 2015</i>) Dose #1 (Bexsero or Trumenba)..... Dose #2 (Bexsero or Trumenba)..... Dose #3 (if Trumenba and high risk).....	<input type="checkbox"/> <i>Bexsero</i> <input type="checkbox"/> <i>Trumenba</i> #1 ____ - ____ - ____ #2 ____ - ____ - ____ #3 ____ - ____ - ____

Student Health Center
Vanderbilt University Medical Center
Student Demographics and Immunization History
 Medical Statement

For Office Use Only:
 MRN _____

 DOB _____

Tuberculosis History & Screening for Medical Students –
 TO BE COMPLETED BY A HEALTHCARE PROVIDER

Student's Name _____ Student's Date of Birth _____:

Note to providers completing this form- A 2 Step PPD (skin test) or IGRA (blood test) is required for all incoming medical students at Vanderbilt University Medical School.

Please administer the 2-Step PPD (preferred) or IGRA and note the results in the appropriate table below.

NO PAST HISTORY OF (+) PPD or IGRA	Complete this table if student has no past history of (+) PPD or IGRA		
	PPD #1	Given: ____/____/____ Must be administered on/after July 15, 2017	Date Read: ____/____/____ (within 3 days of placement) Induration: _____ mm** Positive or Negative
	PPD #2	Given: ____/____/____ Must be administered on/after April 15, 2018	Date Read: ____/____/____ (within 3 days of placement) Induration: _____ mm** Positive or Negative
	IGRA	Date: ____/____/____ Must be completed on/after January 15, 2018	Positive or Negative (circle)
	If newly documented positive, a chest x-ray is also required on/after January 15, 2018: Date of Chest X-Ray: ____/____/____ Results: Normal or Abnormal (circle) Treatment Started: Yes or No (circle) If yes, Date of Treatment: ____/____/____ Provider-Please provide a copy of x-rays or IGRA results to student to submit with this form to Vanderbilt SHC		

OR

HISTORY OF POSITIVE (+) PPD or IGRA	Complete this table depending on history of positive PPD or positive IGRA		
	(+) PPD**	Date of prior positive PPD: ____/____/____	Induration: _____ mm** Repeat PPD not needed
	(+) IGRA	Date: ____/____/____	Repeat IGRA not needed
	A chest x-ray is also required after 1/1/2018: Date of Chest X-Ray: ____/____/____ Results: Normal or Abnormal (circle) Treatment Completed : Yes or No (circle) If yes, Date of Treatment: ____/____/____ Provider-Please provide a copy of x-rays or IGRA results to student to submit with this form to Vanderbilt SHC		

****PPD Interpretation Guidelines**

>5mm is positive:	>10 mm is positive:	>15 mm is positive if no risk factors
Recent close contact with person with active TB Abnormal CXR c/w past TB disease Organ transplant or other immunosuppression HIV/AIDS	Significant travel or residence in high prevalence area Illicit drug use Worker in healthcare, homeless shelter, prisons Chronic health issues, as per above questions	

Student Health Center
Vanderbilt University Medical Center
Student Demographics and Immunization History
Medical Statement

For Office Use Only:
MRN _____
DOB _____

Student Health History & Wellness Questionnaire
TO BE COMPLETED BY A HEALTH CARE PROVIDER

HEALTH HISTORY INFORMATION

Student's Name _____ Student's Date of Birth _____

Current Weight _____ Current Height _____ Current BMI _____

Current Diagnoses or Pertinent Past Medical History*

1. _____
2. _____
3. _____

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 so that the continuity of care for the student is arranged and patient safety is assured. **No private health information is disclosed to the School of Medicine.*

Allergies None

1. _____
2. _____

Current Medications None

1. _____
2. _____
3. _____

I certify the accuracy of the health information that I have provided Vanderbilt University.

Provider Print Name _____ (Printed or stamped name of healthcare provider)

Address _____

Phone # () _____

Provider Signature _____ Date _____ Time: _____

If I have recommended follow-up on the Vanderbilt campus 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/>

Psychological and Counseling Center 615-322-2571 <https://vumc.org/pcc/>

Student Health Center
Vanderbilt University Medical Center
Student Demographics and Immunization History
 Medical Statement

Immunization Compliance Instructions for Medical Students:

Step 1	Take this health form to your provider to have them complete & sign. However, If you do not have a provider, you may use MD office, state, county, or official international immunization records. <i>The SHC form also contains important emergency contact information and health history—therefore is preferred.</i>
Step 2	Since you are a new student, you will need to create an account in our student health portal at https://vanderbilt.studenthealthportal.com . You must wait 24 hours from claiming your VUNet ID to use this unique HIPAA compliant system. Click to register, enter account information and a unique password will be emailed to you in minutes.
Step 3	After you receive your password and log back into the portal, go to FORMS and enter your immunization vaccinations dates & TB information into the portal (pages 2 & 3 of our form).
Step 4	Scan and upload all 4 pages of our form + any additional immunization records that you may have by using the DOCUMENT UPLOAD tab. Save your hard copies in a secure location.
Step 5	Allow Deana Hasbrooke, Student Health RN, 7 business days to review your documentations and verify compliance. She will send you a confirmation message (via the portal) when your records have been reviewed and <u>accepted</u> for compliance.

- **FAQ’s Immunization Compliance:**
What if my provider wants to fax or mail my records? This is not recommended for fastest processing, but they may do so at our fax: 615-343-0047 Attn: Medical School Immunization Compliance/Deana Hasbrooke, RN or mail to the Vanderbilt Student Health Center, Zerfoss Bldg, Sta. 17, F3200, Nashville, TN 37232-8710. **Do not submit documents via multiple methods.**
- **What if I am not compliant and I don’t have the appropriate vaccinations or TB skin testing?** Deana Hasbrooke, Student Health RN, will communicate non-compliance via the student health portal secure message and inform you of next steps. You may not attend class until you are compliant.
- **What if I have questions:** Email deana.hasbrooke@vanderbilt.edu and submit your name, email address or call back number and question. She will assist you as soon as possible. You may also call her at 615-322-2427.

Insurance Waiver Instructions (if applicable):

All Students are **REQUIRED** to have health Insurance coverage, in the event that hospitalization or care outside the Student Health Center is needed. The Vanderbilt University SHC works with a private company (Gallagher Student Health Insurance & Risk) to offer an insurance policy for all Vanderbilt students who have no other coverage. The cost of the policy is automatically billed to your student account. **However, if you have health insurance from another policy** (for example, you are covered under your parent policy or employer policy) and wish to decline the Student Health Insurance, **you must submit an online waiver of this plan EACH YEAR by January 1 for Spring admits and August 1 for Fall, Maymester & Summer admits.** If you wish to complete the waiver you will need to supply supporting documentation of comparable coverage. If you do not waive insurance by the appropriate date, you will be automatically billed and enrolled in the Gallagher Student Health Insurance plan.

Step 1	Have your current health insurance ID card ready and log in to www.gallagherstudent.com/vanderbilt . <i>Note- you must do this step from May 1 – August 1.</i>
Step 2	Select Student Waive – Your user ID is your complete Vanderbilt University email address and your password is your full Commodore ID number (located on your Student Account). Create your own unique password and continue.
Step 3	Select “I Want to Waive” (red button) - Complete the form and review for accuracy. Upload your supporting documentation click Submit.
Step 4	You will receive a confirmation email including a confirmation number verifying that you submitted a waiver. Print a copy for your records.
Step 5	You will receive an email after your waiver has been verified for comparable coverage letting you know the status of your waiver request (most are within 24-48 hours). You can also check the status online at www.gallagherstudent.com/Vanderbilt .

For more information about Gallagher, you may contact their website at www.gallagherstudent.com.

For more information about the student insurance requirements and the waiver procedure, please visit the Student Health **website at:** www.vumc.org/student-health/student-health-insurance