

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



Patient Label or Patient Identifiers

**Immunization & TB Compliance is required**  
**For Medical Students. Please submit by 5/15.**  
**You cannot begin your program without compliance.**

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

Date: \_\_\_\_\_ *For Office Use Only:* Epic \_\_\_\_\_ Compliance \_\_\_\_\_

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 Program : ☐ Hearing & Speech ☐ Medical ☐ Medical Physics  
☐ Masters of Genetic Counseling

**VANDERBILT MEDICAL CENTER (VUMC) & STUDENT HEALTH CENTER OUTPATIENT  
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: \_\_\_\_\_

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**Immunization History Information -**

TO BE COMPLETED AND SIGNED BY A HEALTHCARE PROVIDER

Student's Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

REQUIRED MEDICAL STUDENT IMMUNIZATIONS & TITERS	Date Administered (Month-Day-Year)
<b>HEPATITIS B - (Three doses required)</b> 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
<b>M.M.R. (MEASLES, MUMPS, RUBELLA) - (Two doses required OR titer results)</b> 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
<b>VARICELLA - (2 doses required OR positive titer results)</b> 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
<b>TDAP – (Adolescent or Adult Booster. Must be within 10 years of entry date.)</b> DTP/DTap and Td/TD vaccines do not meet this requirement <u>Note:</u> VUMC requires the influenza vaccine for all students in clinical setting. This vaccine is required during Fall of 2020 and must be completed by 12/1/2020.	____ - ____ - ____
<b>OTHER IMMUNIZATIONS</b>	
<b>HEPATITIS A</b> Dose #1 ..... Dose #2 (given 6-12 mo. after first) .....	#1 ____ - ____ - ____ #2 ____ - ____ - ____
<b>HPV</b> Dose #1 ..... Dose #2 (1-2 mo. after 1st) ..... Dose #3 (4-6 mo. after 1 <sup>st</sup> ) .....	#1 ____ - ____ - ____ #2 ____ - ____ - ____ #3 ____ - ____ - ____
<b>MENINGOCOCCAL - A, C, Y, W (eg. Menactra, Menveo) -</b> Dose most recently received (usually prior to undergrad college entry) .....	____ - ____ - ____
<b>MENINGOCOCCAL - SEROTYPE B (eg. Trumenba or Bexsero after 2015)</b> Dose #1 (Bexsero or Trumenba) ..... Dose #2 (Bexsero or Trumenba) ..... Dose #3 (if Trumenba and high risk) .....	<input type="checkbox"/> Bexsero <input type="checkbox"/> Trumenba #1 ____ - ____ - ____ #2 ____ - ____ - ____ #3 ____ - ____ - ____
<b>POLIO Primary Series (Date of last dose) .....</b>	____ - ____ - ____ IPV or OPV
<b>Td - date of most recent dose .....</b>	____ - ____ - ____

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**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.*

<b>Complete this table if student has no past history of (+) PPD or IGRA</b>			
<b>NO PAST HISTORY OF (+) PPD or IGRA</b>	<b>PPD #1</b>	Given: ____/____/____ <b>Must be administered on/after July 1, 2019</b>	Date Read: ____/____/____ (within 3 days of placement) Induration: _____ mm** Positive or Negative
	<b>PPD #2</b>	Given: ____/____/____ <b>Must be administered on/after April 1, 2020</b>	Date Read: ____/____/____ (within 3 days of placement) Induration: _____ mm** Positive or Negative
	<b>IGRA</b>	Date: ____/____/____ <b>Must be completed on/after April 1, 2020</b>	Positive or Negative (circle) (Attach lab report for verification)
	<b>If newly documented positive, a chest x-ray is also required on/after January 1, 2020:</b> Date of Chest X-Ray: ____/____/____ Results: Normal or Abnormal (circle) Treatment Started: Yes or No (circle) If yes, Date of Treatment: ____/____/____ <b>Provider-Please provide a copy of x-rays or IGRA results to student to submit with this form to Vanderbilt SHC</b>		

OR

<b>Complete this table depending on history of positive PPD or positive IGRA</b>			
<b>HISTORY OF POSITIVE (+) PPD or IGRA</b>	<b>(+) PPD**</b>	Date of prior positive PPD: ____/____/____	Induration: _____ mm** Repeat PPD not needed
	<b>(+) IGRA</b>	Date: ____/____/____	Repeat IGRA not needed
	<b>A chest x-ray is also required after January 1, 2020:</b> Date of Chest X-Ray: ____/____/____ Results: Normal or Abnormal (circle) Treatment Completed: Yes or No (circle) If yes, Date of Treatment: ____/____/____ <b>Provider-Please provide a copy of x-rays or IGRA results to student to submit with this form to Vanderbilt SHC</b>		

**\*\*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	-Immigration from high prevalence area within 5 years -Illicit drug use -Worker in healthcare, homeless shelter, prisons -Chronic health issues, as per above questions	

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**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 Student Health Center.***

Provider Print Name: \_\_\_\_\_  
(Printed or stamped name of healthcare provider – may not be a family member of the student)

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

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## Immunization & TB Compliance for Medical Students:

Step 1	Take this health form to your provider to have them complete & sign. <i>Our form contains important emergency contact information, immunization information, required TB testing, and health history information—therefore is preferred.</i> However, if you do not have a provider, you may submit official prior medical, state, county, or international immunization records + recent TB testing documentation.
Step 2	Since you are a new student, you will need to create an account in our student health portal at <a href="https://vanderbilt.studenthealthportal.com">https://vanderbilt.studenthealthportal.com</a> . You must wait 24 hours from claiming your VUnet ID to use this unique HIPAA compliant system. After logging in, click on the link to register, enter the requested info, and a unique password will be emailed to you within minutes.
Step 3	After you receive your password and log back into the portal, go to FORMS and enter your immunization vaccinations dates into the portal (these are the dates on page 2 of our form) and TB documentation.
Step 4	Scan and upload all 4 pages of our form + any additional immunization and TB records that you may have by using the DOCUMENT UPLOAD tab. Save your hard copies in a secure location.
Step 5	Allow Student Health 7 business days to review your documentations and verify compliance. Student Health will send you a confirmation message (via the portal) when your records have been reviewed and accepted for compliance. If they have not been accepted, you will get a next steps message. The registrar's office will then remove your registration hold in the YES system and you can register at your assigned time.

### FAQs:

- **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: Immunization Compliance 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 testing?** Student Health will communicate non-compliance via the student health portal secure message and inform you of next steps. Your registration hold remains until you are compliant.
- **What if I have questions:** Email [studenthealth@vumc.org](mailto:studenthealth@vumc.org) and submit your name, call back phone number and question. You may also call us at 615-322-2427. We will be happy to assist you within 24 business hours.

## Insurance Waiver Instructions (for domestic students only):

All students are **REQUIRED** to have health insurance coverage, in the event that hospitalization or care outside the Student Health Center is needed. The 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 <a href="http://www.gallagherstudent.com/vanderbilt">www.gallagherstudent.com/vanderbilt</a> . <i>Note that you must do this step from May 1 - August 1.</i>
Step 2	Select <b>Student Waive</b> . Your user ID is your complete vanderbilt.edu 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 <b>"I Want to Waive"</b> (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 <a href="http://www.gallagherstudent.com/Vanderbilt">www.gallagherstudent.com/Vanderbilt</a> .

For more information about Gallagher, you may contact their website at [www.gallagherstudent.com](http://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](http://www.vumc.org/student-health/student-health-insurance)