Immunization Requirements & TB Screening Form for Vanderbilt University Medical School Students

COMPLETION OF THIS FORM IS REQUIRED FOR REGISTRATION DUE MAY 15, 2016

STUDENT DEMOGRAPHIC INFORMATION

Date Form Completed:__________________________
Last Name _____________________________       First Name _____________________________  MI____
Date of Birth _____-____-____          SS# (for secure medical record) ___________________________
Male / Female / Transgender

Area of Study (check one): Hearing and Speech □    Medical □    Medical Physics □

VANDERBILT MEDICAL CENTER (VUMC) and STUDENT HEALTH CENTER OUTPATIENT REGISTRATION INFORMATION

Were you born at or have been treated at VU Medical Center, Hospital, Clinic or ED?  □ YES  □ NO
Nashville Address (if known):_______________________________________________________________
Zip_________       Local Phone # (____) ___________________ Cell Phone # (____)__________________
E-mail address__________________________________________________________

EMERGENCY CONTACT

Last Name _____________________________       First Name _____________________________
Relationship to Student ___________________       Home Phone # (____)________________________
Work Phone # (____)_________________________       Cell Phone # (____)_________________________
### Medical Student Immunization History

**Pages 2-4 must be completed and signed by a licensed healthcare provider**

#### Required Immunizations and Titors

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Month/Day/Year</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Hepatitis B</strong></td>
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<tr>
<td><strong>2. Measles, Mumps, Rubella</strong></td>
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<td><strong>3. Varicella</strong></td>
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<td><strong>4. Tdap</strong></td>
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<td><strong>5. Polio Primary Series</strong></td>
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</tbody>
</table>

If Series was completed in the last 3 months, Titer is Strongly Recommended to assess response

<table>
<thead>
<tr>
<th>Hep B Titer Date</th>
<th>Immune or Non Immune</th>
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<tbody>
<tr>
<td><strong><strong><strong><strong><strong>/</strong>_______/</strong></strong></strong></strong></td>
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If No Records are available, Titer is Required

<table>
<thead>
<tr>
<th>Measles Titer Date</th>
<th>Immune or Non Immune</th>
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<tbody>
<tr>
<td><strong><strong><strong><strong><strong>/</strong>_______/</strong></strong></strong></strong></td>
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<table>
<thead>
<tr>
<th>Mumps Titer Date</th>
<th>Immune or Non Immune</th>
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<td><strong><strong><strong><strong><strong>/</strong>_______/</strong></strong></strong></strong></td>
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<table>
<thead>
<tr>
<th>Rubella Titer Date</th>
<th>Immune or Non Immune</th>
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<td><strong><strong><strong><strong><strong>/</strong>_______/</strong></strong></strong></strong></td>
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</table>

**Note that an annual Flu Vaccination will be required after arrival for Fall 2016**

### Recommended Immunizations

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Month/Day/Year</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Hepatitis A</strong></td>
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<td><strong>2. HPV</strong></td>
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<td><strong>3. Meningococcal</strong></td>
<td>Type: A,C,Y,W and/or Type B: (Trumenba or Bexsero)</td>
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<td><strong>4. Others List Vaccines and Dates:</strong></td>
<td>Type:</td>
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</tbody>
</table>
# Medical Student Tuberculosis History

**REQUIRED TUBERCULOSIS SCREENING**

*Select #1 or #2*

1. **Complete #1 if you have History of + PPD or IGRA:**
   
   **Date:**
   
   _____/_______/_______   (______ mm induration if PPD)

   *Treatment Completed?*
   
   Yes-Date Completed:  _____/_______/_______
   
   No

   **If + PPD or IGRA, a chest x-ray is required April 1, 2016 or later:**
   
   Date of Chest X-ray:   _____/_______/_______
   
   Normal or Abnormal

2. **Complete if you have NO History of + PPD or IGRA:**
   
   *Note that you must still have an IGRA or 2 step PPD dated April 1, 2016 or later, regardless of history*

   **IGRA**
   
   _____/_______/_______   Positive or Negative

   *If newly documented positive, a chest x-ray is required April 1, 2016 or later:*
   
   Date of Chest X-ray:   _____/_______/_______
   
   Normal or Abnormal

   **Has Treatment started?**
   
   Yes   _____/_______/_______
   
   No

   **2 step PPD**
   
   Test #1   _____/_______/_______   Positive or Negative

   (______ mm induration )

   Test #2 (1-3 weeks later)   _____/_______/_______   Positive or Negative

   (______ mm induration )
Medical Student Health History

HEALTH HISTORY INFORMATION

Student’s Name ________________________________ Student’s Date of Birth ________________________________

Current Weight ______________________________ Current Height ________________________________

Current Diagnoses or Pertinent Past Medical History*:

1. ________________________________ 2. ________________________________
3. ________________________________ 4. ________________________________

*Students with blood-borne infections (HIV, Hepatitis C, and Hepatitis B) will be required to undergo further health screening at the Student Health Center upon arrival on campus. It is a university policy that these infections are self-disclosed by healthcare students and employees so that continuity of care for the student is arranged and patient safety is assured.

Allergies □ None

1. ________________________________ 2. ________________________________

Current Medications: □ None

1. ________________________________ 2. ________________________________
3. ________________________________ 4. ________________________________

PSYCHIATRIC WELLNESS INFORMATION

Do you have any of the following diagnostic concerns?

1. Attention Deficit Hyperactivity Disorder
   Yes No Current Past

2. Anxiety
   Yes No Current Past

3. Bipolar disorder
   Yes No Current Past

4. Depression
   Yes No Current Past

5. Eating Disorder (Anorexia or Bulimia Nervosa)
   Yes No Current Past

6. Treatment for alcohol or other drug treatment
   Yes No Current Past

7. Other ________________________________
   Yes No Current Past

I certify the accuracy of the health information that I have provided Vanderbilt University. If I have recommended follow-up on the Vanderbilt campus, I have asked the student and his/her family to contact the appropriate resources prior to arrival to campus.

Student Health Center 615-322-2427
Psychological and Counseling Center 615-322-2571

Name ___________________________________________ (Printed or stamped name of healthcare provider)

Address ______________________________________________________________________________________

Phone # (          ) ___________________

Signature ___________________________________________ Date ____________________________
INSTRUCTIONS FOR STUDENTS RETURNING THIS FORM:

1. After Provider completes and signs form, visit our Vanderbilt Student Health Portal at -
   http://vanderbilt.studenthealthportal.com. There is also a link directly from our SHC website
   www.medschool.vanderbilt.edu/student-health/immunization-requirements.

2. Create an account using your VUnet ID and follow instructions to enter immunization dates in your
   “Pending Forms”. Select form for Medical Students.

3. After entering the immunization dates, press submit. You will then UPLOAD your scanned document directly to
   our Student Health Portal.

4. If you are unable to UPLOAD, you may fax or mail the 4 page form by 5/15/16. Our fax number is 615-343-0047.
   Our address is: Vanderbilt Student Health Center, Zerfoss Bldg., Sta. 17, F3200, Nashville, TN  37232- 8710.

5. Review Health Insurance information below and submit online waiver (if applicable) by 8/1/16.

HEALTH INSURANCE WAIVER INFORMATION

All students are REQUIRED to have Health insurance coverage, in the event
hospitalization or care outside the Student Health Center is needed.

The Vanderbilt University Student Health Center works with a private company (Gallagher Student Health
Insurance and Risk) to offer an insurance policy for all Vanderbilt students who have no other coverage. For
information about Gallagher, you may contact their website at www.gallagherstudent.com.

The cost of the policy is automatically billed to your student account.

If you have Health Insurance from another policy (for example, you are covered under your parent’s policy
or employer policy) and wish to decline the Student Health Insurance, you must submit an online waiver of
this plan by August 1, 2016.

If you do not waive insurance by August 1, 2016, you will be automatically billed and enrolled.

You may obtain a waiver at www.gallagherstudent.com/vanderbilt. Please have your current health
insurance ID card ready as you will need this information in order to complete the waiver form.
Instructions:
   • 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).
   • Select I Want to Waive (red button)- Complete the form and review for accuracy.
   • Select Submit
   • Save the confirmation number and print a copy of the confirmation for your records.

Note that all submitted waiver forms will be subject to waiver verification. Most are verified within 24-48 hours. You will
receive an email notification once your waiver has been verified. You can also check the status online at
www.gallagherstudent.com/Vanderbilt.

• For more information regarding the student insurance requirements and the waiver procedure, please
  visit the Student Health website at : www.medschool.vanderbilt.edu/student-health/student-health-
  insurance