

**Student Health Center**  
**Vanderbilt University Medical Center**  
**Student Demographics and Immunization History**  
**Graduate/Professional Student**  
 Medical Statement – *Student Health*

**Immunization Compliance is required for Class Registration – See Following Page for deadlines and details.**

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) _____			
Nashville Address if known (Street/City/State/Zip Code) : _____			
Semester Entry (circle) : Fall Summer Spring		Year Entry : _____ International Student (circle): Yes No	
Emergency Contact Information- Name: _____		Relation: _____	Phone: _____

IMMUNIZATION HISTORY SECTION A & B - TO BE COMPLETED AND SIGNED BY A HEALTHCARE PROVIDER				
Section A Required Immunizations – Student must have completed to register for classes				
	Dose #1 Month / Day/ Year	Dose #2 Month / Day/ Year	Date of Titer Month / Day/ Year	History of Chicken Pox Disease (*Applicable for Domestic Students only)
<b>Measles, Mumps, Rubella (MMR)-</b> Series of 2 doses after age 1 -OR- Immunity by positive titer (age 16+) (Exempt if born before 1/1/1957)			(Lab Report Required)	
<b>Varicella (Chicken Pox)-</b> Series of 2 doses after age 1 and the year 1995 -OR- Immunity by positive titer (age 16+) -OR- History of Disease* (Exempt if born before 1/1/1980)			(Lab Report Required)	

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</b> (enter doses as applicable)					
Use this line for brand/ type detail (Pfizer, Moderna, J&J, Sinopharm, Bivalent, etc.)					
<b>Diphtheria, Pertussis, Tetanus</b> (circle DTaP or DTP)					
<b>Haemophilus Influenzae type b (HIB)</b>					
<b>Hepatitis A</b>					
<b>Hepatitis B</b>					
<b>HPV</b>					
<b>Influenza</b> (most recent dose only)					
<b>Meningococcal ACWY</b>					
<b>Meningitis Serogroup B</b> (circle type- Bexsero or Trumenba)					
<b>Pneumococcal</b>					
<b>Polio</b> (circle type- IPV or OPV)					
<b>Td</b> (list most recent dose only)					
<b>Tdap</b> (list adolescent or adult dose)					

<b><i>I certify the accuracy of the vaccine information that I have provided Vanderbilt Student Health Center.</i></b>	
Provider Name: _____	(Printed or stamped name of healthcare provider - <u>may NOT be a family member</u> )
Address: _____	Phone #: ( ) _____
Provider Signature: _____	Date: _____
<i>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.</i>	
Student Health Center - 615-322-2427 <a href="https://vumc.org/student-health/">https://vumc.org/student-health/</a>	
University Counseling Center - 615-322-2571 <a href="https://vanderbilt.edu/ucc/">https://vanderbilt.edu/ucc/</a>	

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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 - Immunization History & TB Documents**

VU requires that you are compliant with your immunizations and tuberculosis requirements before class registration. It can take our team up to 7 business days to verify the dates/documents that you upload to our portal. Use these recommended dates as [guidelines](#) to submit your records and allow our team to process:

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

You must hit submit to the TB data base -and- also SAVE the .pdf file for later upload.

**STEP 2:** *If* the result of your survey indicates TB testing is needed, print the testing form, and take to a provider/lab for blood testing (IGRA/QTF-G). TB testing must occur in the current year (2025).

**STEP 3: Immunization records-** Have a doctor's office, clinic, or health department complete our form. If you do not have a current provider, you may also attach official signed/stamped immunization records (in English). If you have no records, have applicable titers performed (anti-body blood tests for MMR & Varicella) and obtain lab reports. **Scan and SAVE these lab reports for later upload.**

**STEP 4: Once you have your Vanderbilt VUnetID (not Commodore ID) for at least 24 hours, you can register for our **unique** HIPAA compliant [Student Health Portal](https://vanderbilt.studenthealthportal.com) (<https://vanderbilt.studenthealthportal.com>).** Follow instructions on the home page of the portal to register.

**STEP 5:** Once in the portal, click the **Pending Forms** link. Have both the **TB Survey** and **Immunization** hard copies and scans available for **STEP 6**. If you have no immunization records, upload your lab reports.

**STEP 6:** Answer yes/no questions, type in vaccine and/or titer dates in both **REQUIRED** and **RECOMMENDED** sections as applicable. You will then upload your saved TB survey & immunizations scans (**STEPS 1-3**). Submit when all required fields have been completed.

**STEP 7: Within 7 business days of submitting, check your email for messages/next steps from our SHC Team.** You may also log into the portal and go to "Messages" in the toolbar. Once compliant with TN and VU requirements, your student health 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 Plan (SHIP) if applicable to you. As the Student Health Center is not an overseer of SHIP, we are directing you to access the Student Care Network Insurance website <https://www.vanderbilt.edu/studentcarenetwork/your-health-insurance/> for more information.

Immunization and Compliance Questions? Refer to the [Frequently Asked Compliance Questions](#) section of our Student Health website or contact us at [studenthealth@vumc.org](mailto:studenthealth@vumc.org) for a response within 2 business days.