



Patient Label or Patient Identifiers

**Due: July 1<sup>st</sup> for Fall Enrollment & Nov. 1<sup>st</sup> for Spring**

**Immunization & TB Compliance - Required prior to Registration**

Submit this form to both- the [Student Health Portal](#) and your VUSN Portal (see- [New Student Compliance Requirements on the VUSN Admitted Students webpage](#))

<i>Required</i>	<b>Vanderbilt University School of Nursing (VUSN) STUDENT DEMOGRAPHIC INFORMATION</b>
*Date: ___/___/___	Office Use Only: Epic _____ Compliance _____
*Last Name: _____	*First Name: _____
*MI: _____	Preferred Name (optional): _____
*Date of Birth: ___/___/___	Last 4 Digits SSN: _____
*Biological Sex: <input type="checkbox"/> Male / <input type="checkbox"/> Female / <input type="checkbox"/> Other    Gender Identity (optional): _____	
Course Load: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time                      Term Beginning: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	
Prior Education: <input type="checkbox"/> Non-Nursing Degree <input type="checkbox"/> ASN or Nursing Diploma <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> PMC	
Program Degree: <input type="checkbox"/> MSN <input type="checkbox"/> Post Masters Certificate (PMC) <input type="checkbox"/> DNP <input type="checkbox"/> DNP + Post Masters <input type="checkbox"/> PhD	
Nursing Specialty: _____	

**Vanderbilt University Medical Center (VUMC) & Student Health Center (SHC)  
OUTPATIENT REGISTRATION INFORMATION**

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

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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 # (    ) \_\_\_\_\_

Patient/Legal Representative Print Name: \_\_\_\_\_

Patient/Legal Representative Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_                      Date: \_\_\_\_\_                      Time: \_\_\_\_\_

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

TO BE COMPLETED AND SIGNED BY A HEALTHCARE PROVIDER

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

<b>REQUIRED - IMMUNIZATIONS &amp; TITERS for REGISTRATION:</b>	<b>Date Administered (Month-Day-Year)</b>
<b>M.M.R. (MEASLES, MUMPS, RUBELLA) - (2-doses required <u>OR</u> Pos 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 available, titer results are required ( <b>attach lab report</b> ). Measles, Mumps, Rubella Titers Date: _____ Titers Result: _____	#1 _____ - _____ - _____ #2 _____ - _____ - _____ _____ - _____ - _____ Immune or Non-Immune
<b>VARICELLA - (2-doses required <u>OR</u> positive titer result)</b> Dose #1 given at age 12 months or later..... Dose #2 given at least 28 days after first dose..... If no vaccination records available, titer result required ( <b>attach lab report</b> ). <i>History of chicken pox disease is not acceptable for healthcare professionals.</i> Varicella titer Date: _____ Titer Result: _____	#1 _____ - _____ - _____ #2 _____ - _____ - _____ _____ - _____ - _____ Immune or Non-Immune
<b>HEPATITIS B- (3-doses required <u>OR</u> positive titer result)</b> Completed series required prior to clinical participation. Approval of 2-dose series requires provider documentation of the receipt of two (2) <i>HepB</i> vaccinations at least 4wks. apart. Dose #1..... Dose #2 (1-2 mo. after 1st)..... Dose #3 (4-6 mo. after 1st)..... If no vaccination records available, titer result required ( <b>attach lab report</b> ). Titer is recommended for series completed in past 3-months. If negative titer occurs after completed series, we recommend booster dose and re-titer.	#1 _____ - _____ - _____ #2 _____ - _____ - _____ #3 _____ - _____ - _____ _____ - _____ - _____ Immune or Non-Immune
<b>TDAP- (1-dose in past 10-years required)</b> DTP/DTap and Td/TD vaccines do not meet this requirement. Note: The seasonal influenza vaccination is required by Oct. 15 <sup>th</sup> for all VUSN students. Waiver requests must be submitted by Oct. 1 <sup>st</sup> through: <a href="https://www.vumc.org/student-health/influenza-vaccinations-students">https://www.vumc.org/student-health/influenza-vaccinations-students</a>	TDAP Date: _____ _____ - _____ - _____

<b>OPTIONAL REPORTING:</b>	
<b>COVID-19</b> <input type="checkbox"/> List type _____ Dose #1..... Dose #2...if applicable..... Dose #3...if applicable.....	#1 _____ - _____ - _____ #2 _____ - _____ - _____ #3 _____ - _____ - _____
<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

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**REQUIRED - Tuberculosis History & Screening for VUSN**

TO BE COMPLETED BY A HEALTHCARE PROVIDER

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

Note to VUSN Student- Prior TB testing must fall within dates below to be acceptable.

Note to Provider - Please administer the PPD(s) or IGRA as indicated and note results below.

<i>Complete this table if student has no past history of (+) PPD or IGRA</i>			
<b>NO PAST HISTORY OF (+) PPD or IGRA</b>	All New Admits must submit a PPD #1:	Given: ____/____/____ Must be administered on/after January 1, 2022	Date Read: ____/____/____ (within 3 days of placement) Induration: _____ mm** Positive or Negative
	MN Program Students must also submit a PPD #2:	Given: ____/____/____ Must be administered on/after October 1, 2022	Date Read: ____/____/____ (within 3 days of placement) Induration: _____ mm** Positive or Negative
	-OR- All New Admits can submit an IGRA:	Date: ____/____/____ Must be completed on/after October 1, 2022	Positive or Negative (circle) (Attach lab report for verification)
	If newly documented Positive, a Chest X-ray is required after July 1, 2022:	Date of Chest X-Ray: ____/____/____ Results: Normal or Abnormal (circle) <i>Provider- Please provide a copy of x-rays or IGRA results to student to submit with this form.</i>	<b>Student must immediately notify local health department and their VUSN Program Director-</b> Treatment Started: Yes or No (circle) If yes, Date of Treatment: ____/____/____

<i>Complete this table depending on history of positive PPD or positive IGRA</i>			
<b>HISTORY OF POSITIVE (+) PPD or IGRA</b>	(+) PPD**	Date of prior positive PPD: ____/____/____	Induration: _____ mm** Repeat PPD not needed
	(+) IGRA	Date: ____/____/____	Repeat IGRA not needed
	Chest X-ray required on/after July 1, 2022 for new admits with a previous positive:	Date of Chest X-Ray: ____/____/____ Results: Normal or Abnormal (circle) <i>Provider-Please provide a copy of x-rays or IGRA results to student to submit with this form.</i>	Treatment Completed: Yes or No <sup>‡</sup> (circle) If yes, Date Completed: ____/____/____  <sup>‡</sup> If no, student must immediately notify local health department and their VUSN Program Director.

**\*\*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 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 Nursing.*

**Allergies:**  None

1. \_\_\_\_\_
2. \_\_\_\_\_

**Current Medications:**  None

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Health Provider Release for Nursing Program - Provider signature below confirms the patient named above was examined and deemed mentally and physically capable of carrying out assignments in a nursing school program AND certifies the accuracy of the health information provided on this form.**

**REQUIRED - Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**Phone #:** ( ) \_\_\_\_\_

*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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**Instructions for Compliance prior to Registration- Time Sensitive Action!**

Have a health provider complete the required immunizations, titers and testing on this form and sign the Health Provider Release statement. **If you have previously completed these items, your documentation must be from the following sources for approval- official medical, state, county, or international immunization records.** Note- A signature for the *Health Provider Release* is required, regardless of acceptable documentation for previously completed requirements.

**Submit this health form to the Student Health Center:** (Verification of state-mandated immunizations)

**Deadline: July 1 for Fall enrollees & Nov. 1 for Spring (allow 7 business days for review)**

-Follow instructions under **New Student Checklist** on the [Student Health Center Immunization Requirements webpage](https://www.vumc.org/student-health/immunization-requirements-new-students) <https://www.vumc.org/student-health/immunization-requirements-new-students> .

-You will create an account in the **Student Health Portal** <https://vanderbilt.studenthealthportal.com> , upload your immunization records and/or titer reports, along with tuberculosis testing documents.

-The Student Health Center will review these documents and send communication of via the portal of compliance or next steps. If compliant, we report to the registrar's office to remove your Student Health registration hold in the YES system and you can register at your assigned time.

**-AND-**

**Submit this health form to the VUSN Compliance Portal:** (Verification of enrollment requirements)

**Deadline: July 1 for Fall enrollees & Nov. 1 for Spring (allow 7 business days for review)**

-Follow instructions under **New Student Compliance Requirements** on the [VUSN Admitted Students webpage](https://nursing.vanderbilt.edu/students/admitted/index.php) [nursing.vanderbilt.edu/students/admitted/index.php](https://nursing.vanderbilt.edu/students/admitted/index.php) to order a background check. This order creates a compliance portal for VUSN's required documentation.

-Submit this health form and documentation of any previously completed items to your VUSN Portal.

-Re-Check your compliance portal to ensure your documentation is accepted. Additional information or follow-up may be required to register.

**-AND-**

**Waive Vanderbilt University Student Health Insurance Plan (SHIP):** (if applicable)

**Deadline: August 1 for Fall enrollees & January 1 for Spring enrollees**

-All Students are **REQUIRED** to have health insurance coverage, in the event hospitalization or care outside the Student Health Center. If you have health insurance from another policy (for example, parent policy or employer policy) and wish to decline SHIP, you must submit an online waiver **EACH YEAR** by the above deadline.

- If you do not waive insurance by the deadline **EACH YEAR**, you will be automatically billed and enrolled in the SHIP. Please visit <https://www.vanderbilt.edu/studentcarenetwork/your-health-insurance/> for more information.

**-AND-**

**Submit Insurance Coverage to the VUSN Compliance Portal:** (school requirement)

**Deadline: August 15 for Fall enrollees & January 1 for Spring enrollees**

-Follow instructions under **New Student Compliance Requirements** on the [VUSN Admitted Students webpage](https://nursing.vanderbilt.edu/students/admitted/index.php) <https://nursing.vanderbilt.edu/students/admitted/index.php>.

-Submit documentation of either personal or University (SHIP) coverage to your VUSN portal by the deadline.

-Documentation must contain: the student's name, policy/plan number(s), insurance carrier's name and phone number(s). If name on card does not match the student's name, a letter from the insurance carrier that verifies coverage is required.

-Documentation of the University's student insurance is made available during the first two-weeks of August for the academic year. Pull proof and submit to the VUSN compliance portal.