



Vanderbilt Student Health Center
Health Questionnaire

PLEASE NOTE: Completion of this form is a registration requirement for all Nursing Students and must be returned for processing to Vanderbilt University, School of Nursing, Attn: Crickett Harmer, Godchaux Hall, Nashville, TN, 37240.

Name: _____ Vanderbilt Employee? Yes No

Social Security #: _____ Birth date: _____ Gender: M F

This Section MUST be completed by your Health Care Provider

M.M.R (Measles, Mumps, Rubella) (If born after 1956) Please document each dose

Table with 4 columns: Vaccination Date, Titer date, Result. Rows include MMR, Measles (Rubeola), Mumps, and Rubella.

Varicella (Chicken Pox) Vaccination Date (2 doses) Titer date and result
(regardless of illness history)

Tetanus - Td or Tdap (booster with in the last 10 years) Vaccination Date

Hepatitis B Vaccine (3 vaccinations or titer and result)
#1 #2 #3
or titer date results

TB skin test annually date given date read results

If previously positive PPD (> 10 induration), date of chest x-ray

Students should be aware that some clinical rotations may require additional immunizations and/or blood titers. Charges incurred for receiving immunizations, vaccines or testing at the Student Health Center will be the responsibility of the student.

Physical Exam section containing fields for Height, Weight, Blood Pressure, Medical Conditions, and Address of Medical Facility.

Signature of M.D. or N.P. Printed name of M.D. or N.P. Phone # Date