

Return this form to:
 Vanderbilt University
 Student Health Center
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HEALTH QUESTIONNAIRE AND IMMUNIZATION HISTORY

COMPLETION OF THE IMMUNIZATION INFORMATION ON THIS FORM IS REQUIRED FOR REGISTRATION

PART I

Last Name _____ **First Name** _____
Date of Birth ____ - ____ - ____ ***Social Security #** ____ - ____ - ____ **Male/Female/Transgender**
Undergraduate **Graduate** **Law** **Divinity** **Owen** **Peabody**
Health Care Professions: **Hearing and Speech** **Medical** **Nursing**

PART II – TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER

REQUIRED IMMUNIZATIONS	DATE ADMINISTERED (MM/DD/YR)
1. M.M.R. (MEASLES, MUMPS, RUBELLA) (required for all students) (Two doses required at least 28 days apart for students born after 1956.) 1. Dose 1 given at age 12 months or later..... 2. Dose 2 given at least 28 days after first dose.....	#1 ____ - ____ - ____ #2 ____ - ____ - ____
2. POLIO (primary series required for all students) Date of last injection	____ - ____ - ____
3. TETANUS-DIPHThERIA-PERTUSSIS (required for all students) Tdap (preferred—may be given as soon as 2 yrs after last dT booster OR dT booster within 10 yrs	____ - ____ - ____ ____ - ____ - ____
4. MENINGOCOCCAL (waiver or vaccination required for all students living on campus) Should be repeated every 3-5 yrs if risk persists (i.e. travel needs) <input type="checkbox"/> Menactra ____ - ____ - ____ OR <input type="checkbox"/> Menomune ____ - ____ - ____	
5. HEPATITIS B Health Professions: proof of immunity required (or initiation of vaccine if titer negative) All others: waiver or vaccination required Dose #1 Dose #2 (1-2 mo after 1st) Dose #3 (4-6 mo after 1st)	#1 ____ - ____ - ____ #2 ____ - ____ - ____ #3 ____ - ____ - ____
6. TITERS (required of health professions students ONLY) Rubella: <input type="checkbox"/> Positive <input type="checkbox"/> Negative ____ - ____ - ____ Varicella: <input type="checkbox"/> Positive <input type="checkbox"/> Negative ____ - ____ - ____ Hep BsAb <input type="checkbox"/> Positive <input type="checkbox"/> Negative ____ - ____ - ____	
RECOMMENDED IMMUNIZATIONS	DATE ADMINISTERED (MM/DD/YR)
1. VARICELLA 1. History of Disease <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Immunization required for health professions if titer negative, <i>recommended</i> for others with no disease history Dose #1 Dose #2 given at least 4 weeks after first	#1 ____ - ____ - ____ #2 ____ - ____ - ____
2. HEPATITIS A (strongly recommended for all students, but not required) Dose #1 Dose #2 (given 6-12 mo after first)	#1 ____ - ____ - ____ #2 ____ - ____ - ____
3. GARDASIL (recommended for females <26 years old)	#1 ____ - ____ - ____ #3 ____ - ____ - ____ #2 ____ - ____ - ____