

**REQUIRED ADDITIONAL IMMUNIZATIONS**  
**Vanderbilt University School of Medicine**  
**2209 Garland Avenue, EBL Suite 224, Nashville, TN 37240**

**PART I – TO BE COMPLETED BY THE STUDENT**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Prior rotations at VUMC?: No Yes Date of 1<sup>st</sup> rotation at VUMC: \_\_\_\_\_

**PART II – TO BE COMPLETED AND SIGNED BY A LICENSED HEALTHCARE PROVIDER**

- A. **Influenza Vaccine (in current flu season if rotating October 1-March 31):** Date: \_\_\_\_\_
- B. **Tuberculosis Screening: Must provide proof of initial 2 step PPD (preferred) or IGRA on admission into Medical School, then annual PPD/IGRA thereafter.**

**\*\*If an initial 2 step PPD was not completed on admission to medical school, this requirement will be met by having one negative PPD within one year of the rotation, and a second negative PPD within 3 months of the rotation\*\***

**Admission to Medical School: Month/Year:** \_\_\_\_\_

**Dates of Initial 2 Step:** PPD #1 Date \_\_\_\_\_ Positive Negative  
PPD #2 Date \_\_\_\_\_ Positive Negative

**OR**

Initial IGRA Date \_\_\_\_\_ Positive Negative

**Annual negative PPD or IGRA** Check one: PPD IGRA Dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**Complete the section below if there is a history of a POSITIVE IGRA or POSITIVE PPD:**

History of (+) PPD or IGRA? Yes Date: \_\_\_\_\_  
If yes, treatment completed? Yes No If no, explain: \_\_\_\_\_

If yes, chest x-ray required to be within 6 months of rotation: Date \_\_\_\_\_

If yes, must complete **Vanderbilt TB symptom Screen** within 6 months of rotation:  Attached

**HEALTH CARE PROVIDER**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(Printed)

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_