

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 1st 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: _____