

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



Immunization Compliance is required for Registration
Due 12/1 for Spring, 5/1 for Summer & 5/15 for Fall

VANDERBILT UNIVERSITY STUDENT DEMOGRAPHIC INFORMATION
FOR UNDERGRADUATE STUDENTS

Date: 5/13/2020 For Office Use Only: Epic _____ Compliance _____
Last Name: Muskepo First Name: Michael MI: _____
Preferred First Name (if Applicable): _____
Date of Birth: 04 / 22 / 2002 last four of SS# (part of secure VUMC medical record only): 4031
Please circle: Male Female / Other International Student: Yes / No

VANDERBILT MEDICAL CENTER (VUMC) & STUDENT HEALTH CENTER OUTPATIENT
REGISTRATION INFORMATION

Were you born at or have been treated at VU Medical Center, Hospital, Clinic or ED? ☐ YES ☒ NO
Home Address: 851 Brightwaters Blvd. NE, St. Petersburg, FL 33704
Nashville Address (if known): _____
Home Phone #: () _____ Student Cell Phone #: (~~727~~) 238-11-89
Student E-Mail address: misha@muskepo.com
Primary Language if other than English: Russian, Dutch, English

EMERGENCY CONTACT INFORMATION

Last Name: Jongsma First Name: Tatyana
Relationship to Student: Mother Home Phone #: () _____
Work Phone #: () _____ Cell Phone #: (~~727~~) 225-38-10

Parent/Guardian Signature – Consent for Treatment of minor (Under age 18): I authorize and consent to the routine treatment of my child by the providers and nursing staff of the Vanderbilt Student Health Center.

Patient/Legal Representative Print Name: _____
Patient/Legal Representative Signature: _____
Relation: _____ Date: _____ Time: _____

I Tatyana Jongsma give permission for Vanderbilt Student Health to email _____
(Parent or Legal guardian) at _____ if there are immunization compliance questions or need for further documentation.

Patient/Legal Representative Print Name: Tatyana Jongsma
Patient/Legal Representative Signature: [Signature]
Relationship: mother Date: 5/13/2020 Time: 6:08 pm

Incoming Vanderbilt student TB assessment form

Welcome to Vanderbilt University!! This tuberculosis (TB) screening survey is required of all incoming Vanderbilt students. This on-line assessment allows the Student Health team to determine who may need Tb screening before arriving to campus.

After answering the questions, you will be prompted to download and print paperwork that will need to be completed and included with your immunization records. Failure to include this Tb assessment information will delay the processing of your immunization record.

Response was added on 05/11/2020 4:22pm.

Last name (family name) Muskepo

First name Michael

Date of birth 04-22-2002

Email address misha@muskepo.com

Are you an international student? ☐ Yes ☒ No

Phone number (in the United States) (727) 238-1189

Have you ever had a TB skin test or a TB blood test? ☒ Yes ☐ No

Have you ever been told that your skin test or blood test for TB was positive? ☐ Yes ☒ No

Are ANY of the following statements true: ☐ Yes ☒ No

1. I had a known Tb exposure within the last year
2. I had the BCG (tuberculosis) vaccine as a child
3. I have a suppressed immune system
4. I have worked or volunteered in a prison, homeless shelter, nursing home or hospital

Please review the attached list of countries that have been designated by the World Health Organization as having a high risk of tuberculosis.

[Attachment: "Countries with tuberculosis incidence.pdf"]

Were you born in one of the countries listed above? ☐ Yes ☒ No
Or have you ever spent more than 6 weeks in one of the countries listed above?

Based on your responses above, you do not need a Tb skin test or blood test at this time. You will be contacted at a later date if our medical review differs from this preliminary on-line assessment.

After pressing SUBMIT below, a copy of your responses will be available for you to download and then print. Print a copy of this on-line Tb assessment and include it with your health questionnaire or other official immunization documents and submit via the Student Health portal at <https://vanderbilt.studenthealthportal.com>

If you do not include this information, it will delay the processing of your immunization file.

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Immunization History Information -

TO BE COMPLETED AND SIGNED BY A HEALTHCARE PROVIDER

IMMUNIZATION AND TB INFORMATION

Student's Name: MICHAEL MUSKEPO

Student's Date of Birth: 04-22-2002

REQUIRED STATE MANDATED IMMUNIZATIONS -	Date Administered (Month-Day-Year)
*Registration will be held if not compliant	
*M.M.R. (MEASLES, MUMPS, RUBELLA) If you were born after 1956- 2 Vaccinations <u>OR</u> Official positive titer results are required. Dose #1 given at age 12 months or later..... Dose #2 given at least 28 days after first dose..... If unable to locate information, attach positive titer results lab report ☐ Yes, attached	#1 <u>06</u> - <u>24</u> - <u>03</u> #2 <u>08</u> - <u>14</u> - <u>08</u>
*VARICELLA If you were born after 19802 vaccinations <u>OR</u> positive titer results <u>OR</u> history of disease are required. • Dose #1 given at age 12 months or later..... Dose #2 given at least 28 days after first dose..... • Positive Titer results (Official lab results must be attached) ☐ Yes, attached • HISTORY OF DISEASE accepted for domestic/non-international students only Date of Chicken Pox Disease (Month-Day-Year) <u>01</u> - <u>01</u> - <u>05</u>	#1 _____ - _____ - _____ #2 _____ - _____ - _____ ☐ Exempt (born before 1980)
*MENINGOCOCCAL – A, C, Y, W (eg. Menactra, Menveo) – One dose given at age 16 or older for students living on campus Enter the date of the most recent Meningococcal vaccination.....	Enter date of <u>most recent</u> meningococcal ACYW dose: <u>07</u> - <u>11</u> - <u>19</u>
* TB Screening Survey Completed ☐ Yes, pdf attached	
RECOMMENDED IMMUNIZATIONS	Date Administered (Month-Day-Year)
HEPATITIS A Dose #1..... Dose #2 (given 6-12 mo. after first).....	#1 <u>08</u> - <u>14</u> - <u>08</u> #2 <u>02</u> - <u>16</u> - <u>09</u>
HEPATITIS B Dose #1..... Dose #2 (1-2 mo. after 1st)..... Dose #3 (4-6 mo. after 1st).....	#1 <u>05</u> - <u>28</u> - <u>02</u> #2 <u>08</u> - <u>20</u> - <u>02</u> #3 <u>10</u> - <u>31</u> - <u>02</u>
HPV Dose #1..... Dose #2 (1-2 mo. after 1st)..... Dose #3 (4-6 mo. after 1 st).....	#1 <u>01</u> - <u>09</u> - <u>20</u> #2 <u>03</u> - <u>12</u> - <u>20</u> #3 _____ - _____ - _____
MENINGOCOCCAL – SEROTYPE B (eg. Trumenba or Bexsero) Providers- Please review carefully- This vaccine was CDC approved in 2015) Dose #1 (<u>Bexsero</u> or Trumenba)..... Dose #2 (<u>Bexsero</u> or Trumenba)..... Dose #3 (if Trumenba and high risk).....	☐ Bexsero ☐ Trumenba #1 <u>07</u> - <u>09</u> - <u>20</u> #2 <u>03</u> - <u>12</u> - <u>20</u> #3 _____ - _____ - _____
POLIO (primary series required for all students) Date of last polio immunization.....	☒ IPV ☐ OPV <u>05</u> - <u>25</u> - <u>07</u>
TETANUS-DIPHTHERIA-PERTUSSIS Tdap (Record adolescent dose. If no adolescent dose, list Tdap Booster).....	<u>11</u> - <u>08</u> - <u>13</u>

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Student Health History & Wellness Questionnaire

TO BE COMPLETED BY A HEALTHCARE PROVIDER

HEALTH HISTORY INFORMATION

Student's Name: MICHAEL MUSKEPO Student's Date of Birth: 04-22-02

Current Weight: 130.8# Current Height: 67 1/2" Current BMI: 20.2

Is assessment by a dietician or physician recommended upon arrival to campus? ☐ Yes ☒ No

Current Diagnoses or Pertinent Past Medical History: ☒ None

1. _____
2. _____
3. _____

Allergies: ☒ None

1. _____
2. _____

Current Medications: ☒ None

1. _____
2. _____
3. _____

I certify the accuracy of the health information that I have provided Vanderbilt Student Health Center.

Provider Print Name: Bhumi Upadhyay
(Printed or stamped name of healthcare provider - may NOT be a family member of the student)

Address: 431 Southwest Blvd N, St Petersburg, FL 33703

Phone #: (727) 526 7337

Provider Signature: [Signature] Date: 5/13/20 Time: 12:55 pm
Last exam: 7/11/2019

If I have recommended a follow-up visit due to chronic illness or mental health issues that need ongoing care, I have asked the student and his/her family 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/>

Patient Info

Name: Muskepo, Michael
Home Address: 851 Brightwaters Blvd NE
 Saint Petersburg FL 33704

Home Phone: (727)225-3810
Date Of Birth: 04/22/2002
Account #: MUSMIC0001

Upadhyay, Bhumi Mehta, MD
 Northeast Pediatrics
 431 Southwest Blvd N
 St Petersburg FL 33703-1399

 (727)526-7337

Action	Immunization Type	Date
Administered	HPV9 (GARDASIL 9)	01/09/2020
Administered	meningococcal B, OMV (BEXSERO)	01/09/2020
Administered	Meningococcal MCV4O (MENVEO A-C-Y-W-135-DIP)	07/11/2019
Administered	Boostrix (Tdap)	11/08/2013
Administered	Menveo (Meningococcal MCV4O)	11/08/2013
Recorded	Hep A, pedi/adol dose (2-dose schedule)	02/16/2009
Recorded	DTaP	08/14/2008
Recorded	Hep A, pedi/adol dose (2-dose schedule)	08/14/2008
Recorded	MMR (Measles-Mumps-Rubella), live	08/14/2008
Recorded	IPV Poliovirus, inactivated	05/25/2007
Hx of Disease	Varicella (Chickenpox)	01/01/2005
Recorded	DTaP	03/10/2004
Recorded	IPV Poliovirus, inactivated	10/31/2003
Recorded	MMR (Measles-Mumps-Rubella), live	06/24/2003
Recorded	DTaP	10/31/2002
Recorded	Hep B (pedi/adol, 3-dose schedule)	10/31/2002
Recorded	Hib PRP-T (4-dose)	10/31/2002
Recorded	IPV Poliovirus, inactivated	10/31/2002
Recorded	DTaP	09/27/2002
Recorded	Hib PRP-T (4-dose)	09/27/2002
Recorded	IPV Poliovirus, inactivated	09/27/2002
Recorded	DTaP	08/20/2002
Recorded	Hep B (pedi/adol, 3-dose schedule)	08/20/2002
Recorded	IPV Poliovirus, inactivated	08/20/2002
Recorded	Hep B (pedi/adol, 3-dose schedule)	05/28/2002