



DePaul University Certificate of Immunity

Student Information:				
Last Name				Date of Birth (mm/dd/yyyy)
DePaul Student #	E-mail Address			International Student? (F-1 or J-1 Visa) Yes _____ No _____
I authorize DePaul University to release this immunization record to the Illinois Department of Public Health, or its designated representative for compliance audits or in the event of a health emergency. All immunization documents submitted to DePaul become the property of the University. I understand that, unless required to do so by law, DePaul University will not re-release my immunization documentation to me or any other academic institution or third party.				
Student Signature : _____		Date: _____		
Please complete either Option A , Option B or Option C				
<input type="checkbox"/> Option A: Attach a copy of your Official Immunization Records proving ALL immunizations. <i>Skip Option B.</i> <input type="checkbox"/> Option B: See below – Remainder of form to be completed and signed by physician or health care provider. <input type="checkbox"/> Option C: Submission of additional information.				
Option B: To be completed and signed by physician or health care provider. Please note the following:			Exemptions: The following will be accepted with an attached exemption form and supporting documentation.	
<ul style="list-style-type: none"> Positive laboratory (serologic) evidence of immunity via blood (antibody) titer is acceptable proof for Measles, Mumps and Rubella. Include all lab evidence with copy of lab report. Anyone with a vaccine exemption may be excluded from the college/university in the event of a Measles, Mumps, Rubella or Diphtheria outbreak in accordance with public health recommendations. All documents not in English must be accompanied by a certified translation. 			<ul style="list-style-type: none"> Medical/Pregnancy Exemptions Religious Exemptions Date of Birth Exemption Form - born before January 1st, 1957 	
TETANUS - DIPHTHERIA - given within 10 years of attendance & every 10 years as adult, not less than 28 days apart. Note: International students are required to provide dates of 3 or more doses of Tetanus/Diphtheria vaccine.	1 st Shot Date _____	2 nd Shot Date _____	3 rd Shot Date (required for intl students – must be at least 6 months after 2nd shot) _____	4 th Shot Date (if applicable) _____
MEASLES (Rubeola) - 2 doses required, at least 28 days apart, after 12 months of age, given in 1968 or later.	1 st Shot Date _____	2 nd Shot Date _____	<input type="checkbox"/> OR diagnosis date _____	<input type="checkbox"/> OR positive blood titer with REQUIRED copy of lab report.
MUMPS - 1 dose required, after 12 months of age.	1 st Shot Date _____	2 nd Shot Date _____	<input type="checkbox"/> OR diagnosis date _____	<input type="checkbox"/> OR positive blood titer with REQUIRED copy of lab report.
RUBELLA (German Measles) - 1 dose required, after 12 months of age.	1 st Shot Date _____	2 nd Shot Date _____	A history of Rubella is not acceptable evidence of immunity.	<input type="checkbox"/> OR positive blood titer with REQUIRED copy of lab report.
<i>Physician or public health official verification - I verify to the best of my knowledge that the above immunization information is correct.</i>				
Physician Name (print or stamp)			Physician's Phone #:	
Physician's Signature:			Date (mm/dd/yyyy)	
<i>This form must be completed and returned with applicable attachments before the student is allowed to register.</i>				

Fax:
Fax: (312) 476-3200

To submit immunization records:
In Person:
 DePaul Central – Lincoln Park, SAC 101
 DePaul Central – Loop, DePaul Center 9th floor

Mail:
 DePaul University
 Attn: Student Records
 1 E. Jackson
 Chicago, IL 60604

For more information please visit our website at sr.depaul.edu.

For DePaul Central Office Use Only:		Partial:	Complete:	Hold Removed:
Date:	Staff Initials:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>