

IMMUNIZATION RECORD

Last Name (<i>Print</i>)	First Name	Middle	Date of Birth
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CERTIFICATE OF COMPLIANCE WITH IMMUNIZATION REQUIREMENTS FOR INSTITUTIONS OF HIGHER EDUCATION IN ILLINOIS

It is mandatory for students born on or after January 1, 1957 to document immunity to tetanus and diphtheria, measles, mumps, and rubella prior to registration.
All information must be provided in English

PART 1 MANDATORY — ALL ENTERING STUDENTS											
M.M.R. (MEASLES, MUMPS, RUBELLA) (Two doses required at least 28 days apart for students born after 1956)											
1. Dose 1 given on or after the first birthdate.....	#1 <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td></tr></table>	/	/	M	D	Y					
/	/										
M	D	Y									
2. Dose 2 given at least 28 days after first dose	#2 <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td></tr></table>	/	/	M	D	Y					
/	/										
M	D	Y									
TETANUS-DIPHTHERIA-PERTUSSIS Booster: Tdap, within the last ten years											
	<table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td></tr></table>	/	/	M	D	Y					
/	/										
M	D	Y									
MENINGOCOCCAL CONJUGATE VACCINE Routine vaccination:											
1. Dose 1 given been the ages of 11–16	#1 <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td></tr></table>	/	/	M	D	Y					
/	/										
M	D	Y									
2. Booster dose given been ages of 16–18	#2 <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td></tr></table>	/	/	M	D	Y					
/	/										
M	D	Y									
PART 2 MANDATORY — ALL INTERNATIONAL STUDENTS											
Complete above information in Part 1 and 2 other dates of doses received of Tdap, DPT, Dt, or Td											
	<table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td></tr></table> <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td></tr></table>	/	/	M	D	Y	/	/	M	D	Y
/	/										
M	D	Y									
/	/										
M	D	Y									

IMMUNIZATION RECORD (CONT.)

TUBERCULOSIS SCREENING

1. Does the student have signs or symptoms of active tuberculosis disease or is a member of a high risk group? Yes No
 If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing or Qft (blood test) as indicated.

2. Tuberculin Skin Test: Date Given: / / Date Read: / /
M D Y M D Y

Result: (Record actual mm of induration, transverse diameter; if no induration, write "O")

Interpretation (based on mm of induration as well as risk factors): Positive Negative

3. Qft testing (required if tuberculin skin test is positive) result: Normal Abnormal

Date / / INH / /
M D Y M D Y

4. International students will be screened and tested for tuberculosis upon arrival to campus.

RECOMMENDED

HUMAN PAPILLOMAVIRUS (HPV) VACCINE

HPV vaccine protects against the human papilloma viruses that cause most cervical cancers, anal cancer and genital warts.

Three doses of HPV vaccine on a schedule of 0, 2 and 6 month intervals to all male and female students.

1. Dose 1 given between the ages of 9-26 #1 / /
M D Y

2. Dose 2 given 2 months after 1st dose #2 / /
M D Y

3. Dose 3 given 6 months after 1st dose #3 / /
M D Y

HEALTH CARE PROVIDER

Print Name of Health Care Provider _____

Address _____

Health Care Provider's Signature _____

City _____ State _____ Zip Code _____

Date _____

Health Care Provider Telephone _____

MAIL COMPLETED FORM TO:

Illinois Wesleyan University
 Arnold Health Service
 P.O. Box 2900
 Bloomington, IL 61702-2900

FOR OFFICE USE ONLY:			
<input type="checkbox"/> Entered	<input type="checkbox"/> Email/note sent Date	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Completed