

**IMMUNIZATION RECORD
CERTIFICATE OF COMPLIANCE WITH IMMUNIZATION REQUIREMENTS
FOR INSTITUTIONS OF HIGHER EDUCATION IN ILLINOIS**

NOTE: *Illinois law requires all incoming new students to document immunity to Measles, Rubella, Mumps and Tetanus/Diphtheria.*

THIS FORM MUST BE COMPLETED AND RETURNED TO THE ADDRESS MENTIONED ABOVE, PRIOR TO THE STUDENT'S FIRST REGISTRATION. FAILURE TO RETURN A COMPLETED IMMUNIZATION RECORD WILL RESULT IN RESTRICTED REGISTRATION.

**Instructions:
(All Students)**

1. All dates **MUST** include **MONTH** and **YEAR**.
2. PART II: must be completed and signed by a health care provider(s).
3. History of disease is not acceptable as proof of immunity for Rubella.
4. **Two doses of MMR are required**, if no history of disease or if no immunity. (Vaccines for Measles, Mumps, and/or Rubella must be live vaccines. All Measles, Mumps, and Rubella vaccines must be given after first birthday. **For students who have not received two doses of MMR**, The time interval between the first and second doses should be at least 28 days.
5. If students have received separate Measles, Mumps, and Rubella vaccines **two doses of Measles, two doses of Mumps, and one dose of Rubella are required**, if no history of disease or if no immunity. Please provide documentation of those vaccines.
6. Students who have a history of the disease(s) must provide confirmation by a physician or nurse practitioner documenting the date of diagnosis. Students who have immunity confirmed by blood titer must provide a copy of the laboratory report. **All documentation must be in English.**
7. Students must provide date of the most recent Tetanus/Diphtheria booster received within the last 10 years.
8. Only the following exemptions will be considered and original statements must accompany this record:
MEDICAL CONTRAINDICATIONS - A written, signed and dated statement from a physician stating the vaccine that is contraindicated and duration of the medical condition that contraindicates the vaccine(s).
RELIGIOUS EXEMPTION - A written, signed and dated statement provided by the church describing their objection based upon bona fide religious tenets or practice. Religious exemptions will not be reviewed by the Student Health Center. Religious exemptions will be granted only by the Dean of Students Office.
PREGNANCY/SUSPECTED PREGNANCY/NURSING MOTHERS - A signed statement from a physician stating the student is pregnant/suspecting pregnancy or nursing must be provided.
AGE EXEMPTION - A copy of the student's birth certificate, driver's license or passport identifying birth date before January 1, 1957 must be provided.

INTERNATIONAL STUDENTS ONLY

1. All international students must provide proof of the primary series (3 doses) for Tetanus/Diphtheria immunizations, and proof of a Td booster within the last 10 years.
2. All international students must provide proof of testing and results of Tuberculosis skin test, administered within the past year.

Anyone with a vaccine exemption may be excluded from the university/college in the event of a measles, rubella, mumps or diphtheria outbreak in accordance with public health law.

Part I: To be completed by the student. (Please print)

Name _____
Last Name First Name

Address _____
Street/ Apt # City State Zip Country

Semester of Entrance ____/____ Date of Birth ____/____/____ CWID A____/____/____/____/____/____
M Y M D Y

Status: Part-time ____ Full-time ____ Undergraduate ____ Graduate ____ Kent Law ____

Part II: TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

All information must be in English

A. TETANUS-DIPHTHERIA-PERTUSSIS:

(Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years)

1. Primary series of three doses with DTaP, DTP, DT or Td:

#1 ____/____/____ #2 ____/____/____ #3 ____/____/____
M D Y M D Y M D Y

2. Booster: Td or Tdap within the last 10 years ____/____/____
M D Y

B. M.M.R. (MEASLES, MUMPS, RUBELLA)

(Two doses required at least 28 days apart for students born after 1956)

1. Dose 1 given at age 12 months or later..... #1 ____/____/____
M D Y
2. Dose 2 given at least 28 days after first dose..... #2 ____/____/____
M D Y

C. TUBERCULOSIS SCREENING (FOR INTERNATIONAL STUDENTS ONLY)

(Must be within the last year)

1. 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 "0")

Interpretation: positive ____ negative ____

2. Chest x-ray (required if tuberculin skin test is positive) result: Normal ____ Abnormal ____

HEALTH CARE PROVIDER VERIFYING THE ABOVE INFORMATION:

(Please print)

Name _____ Signature _____

Address _____ City _____ State _____ Country _____ Zipcode _____