

IMMUNIZATION COMPLIANCE FORM

Please complete "Contact Information" **AND** 1) have a Licensed Health Care Provider complete the rest of the form **OR** 2) submit required immunization records. **Send to:** Student Health Services, Immunization Compliance, 374 East Grand Avenue, MC 6740, Carbondale, Illinois 62901. Fax forms to (618) 453-4452 or email forms to **immunizations@siu.edu**. Questions? Please call (618) 453-4326.

CONTACT INFORMATION

Student's Last Name	Student's First Name	Middle Initial	Dawg Tag
Home Address (<i>permanent</i>)			Home Phone ()
City/State/ZIP or Postal Code			Cell Phone ()
Date of Birth: ___ / ___ / _____ (mm/dd/yyyy)		Email	
Citizenship <input type="radio"/> U.S.A <input type="radio"/> Other: (specify)		First Semester at SIU Carbondale <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer _____ year	
INTERNATIONAL STUDENTS: Please call (618) 453-4326 to schedule your required Tuberculosis screening when you arrive on the SIU Carbondale Campus. Please bring a copy of this completed form. Country of Birth _____			

↓ ↓ ↓ ↓ **This section must be completed by a Licensed Health Care Provider.** ↓ ↓ ↓ ↓

REQUIRED IMMUNIZATIONS (Illinois Law, Public Act 85-1315)			
MEASLES-MUMPS-RUBELLA (2 measles, 1 mumps (2 recommended), 1 rubella)			
<input type="checkbox"/> MMR 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967 Positive serum titers are also acceptable proof of immunity against measles, mumps, and rubella. <input type="checkbox"/> Required lab reports attached.	1 mm/dd/yy	OR	<input type="checkbox"/> MEASLES (Rubeola) 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967.
	2 mm/dd/yy		<input type="checkbox"/> MUMPS after 12 months of age
			<input type="checkbox"/> RUBELLA after 12 months of age
		Documentation of dates of disease serves as acceptable evidence of immunity against measles and mumps, but not rubella. <input type="checkbox"/> Required lab reports attached.	
TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DT, DTaP, Td, Tdap) 1 required in last 10 years (International: 2 additional required)			
1 <input type="checkbox"/> DTP <input type="checkbox"/> Td <input type="checkbox"/> Tdap mm/dd/yy	2 <input type="checkbox"/> DTP <input type="checkbox"/> Td <input type="checkbox"/> Tdap mm/dd/yy	3 <input type="checkbox"/> DTP <input type="checkbox"/> Td <input type="checkbox"/> Tdap mm/dd/yy	

RECOMMENDED IMMUNIZATIONS			
<input type="checkbox"/> MENINGITIS*	1 mm/dd/yy	2 mm/dd/yy	<input type="checkbox"/> Menactra <input type="checkbox"/> Menveo <input type="checkbox"/> Meningococcal (unspecified)
<input type="checkbox"/> HEPATITIS B	1 mm/dd/yy	2 mm/dd/yy	3 mm/dd/yy
<input type="checkbox"/> HPV (Gardasil) <input type="checkbox"/> HPV (Cervarix)	1 mm/dd/yy	2 mm/dd/yy	3 mm/dd/yy
<input type="checkbox"/> VARICELLA	<input type="checkbox"/> Date disease diagnosed and certified by physician ___/___/___	<input type="checkbox"/> Lab test proving immunity (attach lab report) ___/___/___	1 mm/dd/yy
			2 mm/dd/yy

*NOTE: Meningococcal Meningitis is a potentially fatal, vaccine-preventable illness. We recommend the Meningococcal Conjugate Vaccine for all students 21 and younger. A second vaccine should be given if the first vaccine was given before age 16. This vaccine is available at the Student Health Center.

VERIFICATION REQUIRED BY LICENSED HEALTH CARE PROVIDER			FOR SIU SHS use only Date Exemption ends: ___/___/___ <input type="checkbox"/> allergy <input type="checkbox"/> illness <input type="checkbox"/> pregnancy <input type="checkbox"/> religious
Provider Name (please print)	Signature		
Address	Date		
Address (continued)	Phone		