

IMMUNIZATION FORM



Northern Illinois University

Division of Student Affairs & Enrollment Management

Name _____
PLEASE PRINT (Last) (First)

ID: Z _____ Birthday _____ / _____ / _____
MONTH DAY YEAR

Gender: M _____ F _____ Term Entering NIU: _____ / _____
SEMESTER/YEAR

Health Services
DeKalb, Illinois 60115-2828
815-753-1311
www.niu.edu/healthservices

Immunization Office: 815-753-9585
FAX: 815-753-9910 or 815-753-9599

Immunizations can be mailed or fax. Due to security reasons, we cannot accept emailed records.

Required Immunization (please provide the month, date and year for every dose administered).

Immunization	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	
DPT (Diphtheria, Pertussis and Tetanus)/																
Td or TD (Diphtheria and Tetanus)																
Tdap (preferred) (Tetanus-Diphtheria-Pertussis)																
Combined MMR (Measles/Mumps/Rubella)																
Combined MR (Measles and Rubella)																
Rubeola (Red Measles) Live Virus Vaccine							Disease Date OR Titer Date: (copy of titer must be attached)									
Rubella (3 day or German Measles)							DIAGNOSIS OF DISEASE IS NOT ACCEPTABLE Titer Date: (copy of titer must be attached)									
Mumps							Disease Date OR Titer Date: (copy of titer must be attached)									

Health Provider Signature, Address and Phone: (U.S. Physician or School Health Professional verifying that immunizations were given)

Signature _____ Date _____
Address _____ City _____ State _____ Phone _____

Recommended Immunizations: Please check with your specific programs for additional immunization requirements.

Immunization	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	
ORAL POLIO or IVP PLEASE CIRCLE																
HPV (Human Papillomavirus Vaccine)																
HEPATITIS B										Titer Date: (copy of titer must be attached)						
HEPATITIS A							Titer Date: (copy of titer must be attached)									
VARICELLA (CHICKEN POX)							Disease/Titer Date: (copy of titer must be attached)									
MENINGOCOCCAL (MENINGITIS)							Name of vaccine administered:									

Parent consent for treatment: All students under 18 years of age enrolled at NIU must have parental permission before they may receive medical care at the Health Services. We ask that you sign this statement. I hereby give permission for the medical staff of Northern Illinois University, Health Services to perform diagnostic and therapeutic treatment as they deem necessary.

Signature of Parent/Guardian of student under 18 _____ Printed Name _____ date _____

NORTHERN ILLINOIS UNIVERSITY

Division of Student Affairs & Enrollment Management
Health Services, Immunization Office
DeKalb, IL 60115-2828
Immunization Office: 815-753-9585
Fax 815-753-9910 or 815-753-9599

<p style="text-align: center;">REQUIRED IMMUNIZATION INFORMATION Please read completely</p>
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Immunization Requirements

All students enrolled in a course registered on-campus are required by Illinois Law (Public Act) 85-1315 and University policy, to provide proof of immunity for tetanus, diphtheria, measles, mumps, and rubella. Documentation of immunity must be complete and on file at Health Services before the 10th day of their first term. Enrolled on campus to avoid a late processing fee and registration hold.

Proof of Immunity must include:

1. Tdap or Td (tetanus/diphtheria/pertussis or tetanus/diphtheria): one (1) booster within the last 10 years. Foreign-born students must also show proof of a series of three (3) (DPT, Td, or Tdap)
2. MMR (measles, mumps, rubella) two (2) vaccines given after one year of age at least 1 month apart and after May 1, 1971.
OR
3. If Measles, Mumps, or Rubella vaccines were given separately: 2 measles immunizations given after one year of age and after January 1, 1968; one (1) mumps immunization after one year of age and after January 1, 1968; one (1) rubella immunization after one year of age and after January 1, 1970.
OR
4. Antibody titers to prove immunity for Measles, Mumps and Rubella; copy of lab report including reference range required.

Document Submission:

Immunizations do NOT have to be submitted on **our form**. You can submit verified documents from your high school, university or college, as well as health care provider. A physical examination is not required.

- Fax documents to 815-753-9910 or 815-753-9599, or
- Mail to NIU, Health Services, Immunization Office, DeKalb, IL, 60115-2828

Note: Due to security reasons, we cannot accept emailed records.

Your records are not complete until they have been reviewed and verified by Health Services.

You will be notified via your NIU Z-ID email account if your records are incomplete. Please note that a physical examination is not required. Immunizations are available on a walk-in basis at NIU Health Services, Preventive Medicine Clinic, for eligible students. Student Health Insurance does cover the cost of immunizations. Please call 815-753-9585 for office hours and current fee information.

Exemptions and Assistance

Please contact the Immunization Office 815-753-9585 or 815-753-1311 to request exemption information, e.g. Students born prior to 01/01/1957, Medical or Religious exemption. Students enrolled at NIU prior to summer of 2001 must contact the Immunization Office to verify previous documentation.