Submit completed Immunization History forms to:
ISU Student Health Services, Campus Box 2540, Normal, IL 61790. Phone: (309) 438-7559 - Fax: (309) 438-5205

All forms must be submitted on or before July 1 for Summer Term, August 1 for Fall Term, and January 10 for Spring Term.

Please note: A physical exam is not required.

> International Students: Tuberculosis screening will be performed at Student Health Services when you arrive on campus. Please call 309-438-2778 for an appointment. Bring a copy of your completed Immunization History form to your appointment.

> Medical/Religious Exemption: Acceptable medical exemptions are pregnancy, suspected pregnancy, vaccine allergies, severe illness, or immunosuppression and must include a physician’s letter. Contact Student Health Services at (309) 438-7559 for religious exemption.

### IMMUNIZATION HISTORY

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### Last Name | First | Middle | University Identification Number
--- | --- | --- | ---
Home Address | Preferred Phone | ( )
City/State/Zip | Alternate Phone | ( )
Date of Birth (mm/dd/yyyy) | Age | Gender | Country of Birth | E-mail Address
Citizenship | U.S. | Other (specify)

### IMMUNIZATIONS REQUIRED BY ILLINOIS LAW (dates required)

#### Licensed Provider: Complete Immunization documentation or attach signed physician/school immunizations.

#### MEASLES-MUMPS-RUBELLA – 2 shots against measles, 1 shot against rubella, and 1 shot against mumps (2 recommended)

<table>
<thead>
<tr>
<th>MMR</th>
<th>1</th>
<th>mm/dd/yy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967</td>
<td>2</td>
<td>mm/dd/yy</td>
</tr>
<tr>
<td>OR</td>
<td>2</td>
<td>mm/dd/yy</td>
</tr>
<tr>
<td>Positive serum titers are also acceptable proof of immunity against measles, mumps, and rubella.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Required lab report attached.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### MEASLES (Rubeola) – 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967.

| 1 | mm/dd/yy |

#### MUMPS after 12 months of age

| 1 | mm/dd/yy |

#### RUBELLA after 12 months of age

| 1 | mm/dd/yy |

#### TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DT, DTaP, Td, Tdap)

**Domestic students:** record of at least one tetanus/diphtheria shot within 10 years of enrollment is required.

**International students:** record of at least three tetanus/diphtheria shots, one within 10 years of enrollment, is required.

| 1 (on or after 2 months of age) | 2 (within the last 10 years) | 3 (within the last 10 years) |
| DTP | Td | Tdap | DTP | Td | Tdap | DTP | Td | Tdap |
| mm/dd/yy | mm/dd/yy | mm/dd/yy |

### IMMUNIZATIONS (Recommended) – Please indicate immunizations received and provide dates.

**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 Service for a fee.

- **Meningococcal Conjugate Vaccine**
  - 1 | mm/dd/yy |
  - 2 | mm/dd/yy |

- **Hepatitis B**
  - 1 | mm/dd/yy |
  - 2 | mm/dd/yy |
  - 3 | mm/dd/yy |

- **HPV (Gardasil)**
  - 1 | mm/dd/yy |
  - 2 | mm/dd/yy |
  - 3 | mm/dd/yy |

- **Varicella**
  - 1 | mm/dd/yy |
  - 2 | mm/dd/yy |
  - □ Had Varicella (Chickenpox) |

### Required Healthcare Provider Verification

<table>
<thead>
<tr>
<th>Provider Name (print or stamp)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Address | Phone

Date exemption ends:

□ allergy □ illness □ pregnancy

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