

IMMUNIZATION HISTORY

➤ **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.

Last Name	First	Middle	University Identification Number
Home Address			Preferred Phone () ()
City/State/Country/Zip or Postal Code			Alternate Phone () ()
E-mail Address			
Date of Birth (mm/dd/yyyy)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other (specify)

REQUIRED IMMUNIZATIONS (dates required)
Licensed Provider: Complete Immunization documentation or attach signed physician/school immunizations.
Note: A physical exam is not required

■ **MEASLES-MUMPS-RUBELLA** – 2 shots against measles, 2 shots against rubella, and 2 shots against mumps (exempt if born before 1/1/57)

MMR 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967	1	mm/dd/yy	OR	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
	2	mm/dd/yy		MUMPS 2 doses at least 28 days apart AND after 12 months of age	2	mm/dd/yy
Positive serum titers are also acceptable proof of immunity against measles, mumps and rubella. <input type="checkbox"/> Required lab report attached.				RUBELLA 2 doses at least 28 days apart AND after 12 months of age	1	mm/dd/yy
				2	mm/dd/yy	
Documentation of dates of disease IS NOT acceptable evidence of immunity against measles, mumps or rubella.				1 mm/dd/yy	1	mm/dd/yy
				2 mm/dd/yy	2	mm/dd/yy

■ **TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DTaP, TD, Tdap)** – no age exemption
3 or more doses of diphtheria, tetanus vaccine. One dose MUST be a Tdap.
 *The most recent vaccine must have been administered within 10 years of the student's enrollment date.

1 <i>after 2 months of age</i> <input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> TD mm/dd/yy	2 <i>A minimum of 28 days after the first</i> <input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> TD mm/dd/yy	3 REQUIRED <input type="checkbox"/> Tdap mm/dd/yy
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■ **MENINGOCOCCAL CONJUGATE VACCINE (REQUIRED)** - The Meningococcal Conjugate Vaccine is **REQUIRED after the age of 16** for all students 21 and younger. Menomune and Meningitis B do not meet this requirement.

	1 mm/dd/yy
	2 mm/dd/yy

RECOMMENDED IMMUNIZATIONS (complete if received)

<input type="checkbox"/> Serogroup B Meningococcal Vaccines (MenB) Bexsero- a series of 2 shots /Trumenba a series of 3 shots	1 mm/dd/yy	2 mm/dd/yy	3 mm/dd/yy (3 rd shot-Trumenba)
<input type="checkbox"/> HEPATITIS A	1 mm/dd/yy	2 mm/dd/yy	
<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 (Gardasil 9) <input type="checkbox"/> HPV (Cervarix)	1 mm/dd/yy	2 mm/dd/yy	3 mm/dd/yy
<input type="checkbox"/> VARICELLA	1 mm/dd/yy	2 mm/dd/yy	<input type="checkbox"/> Had Varicella (Chickenpox)
<input type="checkbox"/> COVID 19 (<input type="checkbox"/> J&J <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna)	1 mm/dd/yy	2 mm/dd/yy	

Required Healthcare Provider Verification

Provider Name (print or stamp)	Signature	Date
Address	Phone	