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.

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### IMMUNIZATION HISTORY

<table>
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<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>University Identification Number</th>
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<th>Home Address</th>
<th>Preferred Phone</th>
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<th>City/State/Country/Zip or Postal Code</th>
<th>Alternate Phone</th>
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<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Age</th>
<th>Gender</th>
<th>Country of Birth</th>
<th>E-mail Address</th>
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<th>Other (specify)</th>
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### 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 MMRs recommended per proposed State of Illinois additional immunization reqs.)

  - **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
    - 2
    - 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**
    - after 12 months of age
    - 1
    - mm/dd/yy

  - **RUBELLA**
    - after 12 months of age
    - 1
    - mm/dd/yy

  - Positive serum titers are also acceptable proof of immunity against measles, mumps and rubella.
  - □ Required lab report attached.

- **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)
    - □ DTP
    - □ Td
    - □ Tdap
    - mm/dd/yy
  - 2
    - □ DTP
    - □ Td
    - □ Tdap
    - mm/dd/yy
  - 3
    - (within the last 10 years)
    - □ DTP
    - □ Td
    - □ Tdap
    - 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.

- **MENINGOCCOCCAL CONJUGATE VACCINE** (strongly recommended per proposed State of Illinois additional immunization reqs).

  - 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

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<tr>
<th>Provider Name (print or stamp)</th>
<th>Signature</th>
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**Date exemption ends:**
□ allergy  □ illness  □ pregnancy