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SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
IMMUNIZATION INFORMATION FORM

PART I: GENERAL INFORMATION – TO BE COMPLETED BY STUDENT. PLEASE PRINT.

_____ _____ _____
Last Name First Name Middle Initial

_____ _____ _____
SIUE ID number SSN Date of Birth (MO/DAY/YR)

First semester at SIUE: **YEAR** _____ Fall___ Spring___ Summer___ International Student: Yes___No____

PART II: IMMUNIZATION INFORMATION – TO BE COMPLETED, SIGNED, AND DATED BY HEALTH CARE PROVIDER

Immunization :	1 MO	1 DY	1 YR	2 MO	2 DY	2 YR	3 MO	3 DY	3 YR	4 MO	4 DY	4 YR	5 MO	5 DY	5 YR
Diphtheria, Pertussis, and Tetanus(DPT) (**international students** must have proof of 3 total – including booster dose below)															
Tetanus/Diphtheria (Td) or (Tdap) **REQUIRED** (within last 10 years – circle one of above)															
Measles/Mumps/Rubella (MMR) **REQUIRED** (2 doses after 1st birthday)															
Rubeola (Red Measles) live Virus Vaccine															
Rubella (3 day or German Measles)															
Mumps															
Rubeola Titer (lab report MUST be attached)															
Rubella Titer (lab report MUST be attached)															
Mumps Titer (lab report MUST be attached)															
Meningococcal															
Varicella Titer (lab report MUST be attached) Varicella vaccinations															
Hepatitis A															
Hepatitis B															
TB Skin Test (Mantoux) #1 (**international students** must have proof of 1 – if given prior to entrance to SIUe, must be within 5 months)				Results: mm _____											
TB Skin Test (Mantoux) #2 (required for healthcare majors in nursing or pharmacy)				Results: mm _____											

Clinical diagnosis of rubeola and mumps is acceptable if verified by a physician

Rubeola_____
month day year

Mumps_____
month day year

_____
Physicians Signature

Health Care Provider verifying that immunizations were given.

Name (print) _____ Signature: _____
Address: _____ Date: _____
_____ Telephone: _____
_____

FOR SIUe USE ONLY: Compliant ____Non-Compliant ____ Verified by _____ Date_____

Letter sent _____ Hold applied_____ Computer entered_____

Exemptions: Medical ____Religious ____ Age ____ Hold released_____