

## IMMUNIZATION INFORMATION FORM

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

Last Name	First Name	Middle Initial
SIUE ID number	Date of Birth (MM/DD/YY)	
First semester at SIUE: YEAR ____ Fall ____ Spring ____ Summer ____ International Student: Yes ____ No ____		

### PART II: IMMUNIZATION INFORMATION COMPLETE DOCUMENTATION OR ATTACH SIGNED IMMUNIZATIONS

IMMUNIZATIONS REQUIRED BY ILLINOIS LAW (dates required)			
<b>Licensed Provider: Complete Immunization documentation or attach signed physician/school immunizations.</b>			
<b>MEASLES-MUMPS-RUBELLA (MMR or Measles (Rubeola), Mumps, and Rubella)</b> 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967			
<input type="checkbox"/> MMR	1 mm/dd/yy	2 mm/dd/yy	
<b>OR</b>			
<input type="checkbox"/> Measles (Rubeola)	1 mm/dd/yy	2 mm/dd/yy	
<input type="checkbox"/> Mumps	1 mm/dd/yy	2 mm/dd/yy	
<input type="checkbox"/> Rubella	1 mm/dd/yy	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			
<b>TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DT, DTaP, Td, Tdap)</b> A record of THREE (3) tetanus/diphtheria shots with at least one being a Tdap and at least one given within 10 years of enrollment is required.			
1 <input type="checkbox"/> Td <input type="checkbox"/> Tdap <input type="checkbox"/> DTP <input type="checkbox"/> DTaP	2 <input type="checkbox"/> Td <input type="checkbox"/> Tdap <input type="checkbox"/> DTP <input type="checkbox"/> DTaP	3 <input type="checkbox"/> Td <input type="checkbox"/> Tdap <input type="checkbox"/> DTP <input type="checkbox"/> DTaP	
mm/dd/yy	mm/dd/yy	mm/dd/yy	
<b>MENINGOCOCCAL (Menactra, Menomune, Menveo, Meningococcal ACWY)</b> All new students under the age of 22 must show proof of at least one dose of meningococcal conjugate vaccine on or after their 16th birthday.			
<input type="checkbox"/> MENACTRA <input type="checkbox"/> MENOMUNE <input type="checkbox"/> MENVEO <input type="checkbox"/> MENINGOCOCCAL ACWY	1 mm/dd/y	2 mm/dd/y	
<b>All incoming international students will also need to complete a TB risk assessment. At risk students will be screened with a TB blood test (Quantiferon-gold). This must be completed by the 10th day of class at SIUE Health Service.</b>			

OTHER IMMUNIZATIONS (RECOMMENDED) -- The following are optional immunizations, but are strongly recommended for all students.			
<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	1 mm/dd/yy	2 mm/dd/yy	3 mm/dd/yy

Health Care Provider verifying that immunizations were given.

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

FOR SIUE USE ONLY: Compliant \_\_\_\_ Non-Compliant \_\_\_\_ Immunizations Needed (if N/C): \_\_\_\_\_

Hold Checked \_\_\_\_ Hold Lifted \_\_\_\_ Secure Message \_\_\_\_ Discussed w/Student: In Person or By Phone \_\_\_\_\_

Exemptions: Medical \_\_\_\_ Religious \_\_\_\_ Age \_\_\_\_ Verified/Entered by: \_\_\_\_\_ Date: \_\_\_\_\_