

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)			
Licensed Provider: Complete Immunization documentation or attach signed physician/school immunizations.			
MEASLES-MUMPS-RUBELLA (MMR or Measles (Rubeola), Mumps, and Rubella) 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	
OR			
<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			
TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DT, DTaP, Td, Tdap) 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	
MENINGOCOCCAL (Menactra, Menomune, Menveo, Meningococcal ACWY) 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	
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.			

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: _____