

## 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 ( ) ( )	Alternate Phone ( ) ( )
City/State/Country/Zip or Postal Code					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)	

<b>REQUIRED IMMUNIZATIONS (dates required)</b>						
<b>Licensed Provider: Complete Immunization documentation or attach signed physician/school immunizations.</b>						
<i>Note: A physical exam is not required</i>						
<b>■ MEASLES-MUMPS-RUBELLA</b> – 2 shots against measles, 2 shots against rubella, and 2 shots against mumps (exempt if born before 1/1/57)						
<b>MMR</b> 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967	1	mm/dd/yy	<b>OR</b>	<b>MEASLES (Rubeola)</b> 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			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>OR</b>	<b>MUMPS</b> 2 doses at least 28 days apart AND after 12 months of age	1	mm/dd/yy
Documentation of dates of disease <b>IS NOT</b> acceptable evidence of immunity against measles, mumps or rubella.					<b>RUBELLA</b> 2 doses at least 28 days apart AND after 12 months of age	2
				1		mm/dd/yy
<b>■ TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DTaP, TD, Tdap)</b> – no age exemption <b>3 or more doses of diphtheria, tetanus vaccine. One dose MUST be a Tdap.</b> *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 <b>REQUIRED</b> <input type="checkbox"/> Tdap mm/dd/yy		
<b>■ MENINGOCOCCAL CONJUGATE VACCINE (REQUIRED)</b> - The Meningococcal Conjugate Vaccine is <b>REQUIRED after the age of 16</b> for all students 21 and younger. Menomune and Meningitis B do not meet this requirement.					1	mm/dd/yy
					2	mm/dd/yy

<b>RECOMMENDED IMMUNIZATIONS (complete if received)</b>						
<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 <sup>rd</sup> 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)	

<b>Required Healthcare Provider Verification</b>		
Provider Name (print or stamp)	Signature	Date
Address		Phone

**TO SUBMIT FORM: Upload to [HealthServices.IllinoisState.edu](http://HealthServices.IllinoisState.edu) or Fax to (309) 438-5205 or Mail to Student Health Services, Campus Box 2540, Normal, IL. 61790, Phone (309) 438-7559 (M-F)**

**Submission Deadlines: Fall - August 1, Spring - January 10, Summer - July 1**