

## Required Immunization Information

CERTIFICATE OF COMPLIANCE WITH IMMUNIZATION REQUIREMENTS FOR INSTITUTIONS OF HIGHER LEARNING IN ILLINOIS

It is mandatory for students born on or after January 1, 1957 to document immunity to tetanus and diphtheria, measles, mumps, and rubella prior to registration.

<b>Part I—To be completed by Student (Please Print)</b>			
Family/Last/Surname	First Name	Student Identification Number (example: A20300000) A <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Age _____	Date of Birth (month/day/year) _____/_____/_____	Country of Birth _____	Semester of Entrance: Fall [ <input type="checkbox"/> ] Spring [ <input type="checkbox"/> ] Summer [ <input type="checkbox"/> ]
<p>If found to be in violation of the IIT Code of Conduct, students may face sanctions including fines, service hours and restricted student status. I understand that I will be subject to the campus conduct process if the University determines that I have falsified immunization documents or forged signatures on any documentation. I authorize IIT to release this immunization record to the Illinois Department of Public Health (IDPH), or its designated representative, for compliance audits and in the event of a health or safety emergency.</p> <p>Student Signature: _____ Email: _____ Date: _____</p>			
<b>Part II—To be completed by Health Care Provider</b> —Please Note: Medical exemptions require supporting documentation.			
<p><b>MMR (Measles, Mumps, Rubella)</b></p> <p><b>Two doses required</b> at least 28 days apart for students born after 1957. If vaccine dates are not available, immunity may be confirmed by blood titer. Laboratory copy with blood titer values or a reference range must be attached.</p> <p>MMR Dose 1 (given on or after the first birthday): ____/____/____ MMR Dose 2: ____/____/____  <small>month/day/year month/day/year</small></p> <p>If individual vaccines were received for Measles, Mumps, and Rubella, please complete the following dates (month/day/year):</p> <p>Measles (Rubeola) Vaccine #1: ____/____/____ Mumps Vaccine #1: ____/____/____ Rubella (German Measles) Vaccine #1: ____/____/____</p> <p>Measles (Rubeola) Vaccine #2: ____/____/____ Mumps Vaccine #2: ____/____/____ Rubella (German Measles) Vaccine #2: ____/____/____</p>			
<p><b>Meningococcal (Meningitis)</b></p> <p>Beginning Fall term 2016-2017, all new admissions under the age of 22 shall show proof of having at least one dose of meningococcal conjugate vaccine on or after 16 years of age.</p> <p>#1 ____/____/____ #2 ____/____/____  <small>month/day/year month/day/year</small></p>			
<p><b>Td (Tetanus/Diphtheria), Tdap (Tetanus/Diphtheria/Acellular Pertussis), DTaP, DT, or DPT</b></p> <p>All students are required to have proof of one (1) adult dose of Tdap <b>within the last 10 years</b>.</p> <p>International students must provide a total of three (3) primary (childhood) doses of Td <b>AND</b> 1 dose of TD/TDaP within the last 10 years.</p>			
#1  ____/____/____ <small>month/day/year</small>	#2  ____/____/____ <small>month/day/year</small>	#3  ____/____/____ <small>month/day/year</small>	<b>Most Current Booster</b> (given within past 10 years)  ____/____/____ <small>month/day/year</small>
<p><b>TB Blood Test (Tuberculosis) for International Students ONLY (Must be done after July 21, anything before this date will not be accepted.</b></p> <p>Screening through Interferon-Gamma Release Assay (IGRA)—(QuantiFERON Gold or T-SPOT). IGRA results must be attached. Results will not be accepted without proper documentation <b>**IF positive IGRA</b>, a Chest X-Ray <b>is</b> required.</p> <p>[ <input type="checkbox"/> ] QuantiFERON <u>or</u> [ <input type="checkbox"/> ] T-SPOT      Date: ____/____/____  <small>month/day/year</small></p>			
<p style="color: red; text-align: center;"><b>Clinic Stamp/Seal Required</b></p>	<p><b>Signature of Health Care Provider Completing the above information</b></p> <p>Provider's Signature/Title: _____ Date: _____</p> <p>Provider's Printed Name: _____</p> <p>Address: _____</p> <p>Telephone: _____ Fax: _____</p>		