

# IMMUNIZATION COMPLIANCE FORM

Please complete "Contact Information" **AND** 1) have a Licensed Health Care Provider complete the rest of the form **OR** 2) submit required immunization records. **Send to:** Student Health Services, Immunization Compliance, 374 East Grand Avenue, MC 6740, Carbondale, Illinois 62901. Fax forms to (618) 453-4452 or email forms to ***immunizations@siu.edu***. Questions? Please call (618) 453-4326.

## CONTACT INFORMATION

Student's Last Name	Student's First Name	Middle Initial	Dawg Tag
Home Address ( <i>permanent</i> )			Home Phone (     )
City/State/ZIP or Postal Code			Cell Phone (     )
Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)		Email	
Citizenship <input type="checkbox"/> U.S.A <input type="checkbox"/> Other: (specify)		First Semester at SIU Carbondale <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ year	
<b>INTERNATIONAL STUDENTS:</b> Please call (618) 453-4326 to schedule your required Tuberculosis screening when you arrive on the SIU Carbondale Campus. Please bring a copy of this completed form. Country of Birth _____			

↓ ↓ ↓ ↓ This section must be completed by a Licensed Health Care Provider. ↓ ↓ ↓ ↓

## REQUIRED IMMUNIZATIONS (Illinois Law, Public Act 85-1315)

### MEASLES-MUMPS-RUBELLA (2 measles, 1 mumps (2 recommended), 1 rubella)

<input type="checkbox"/> <b>MMR</b> 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967	<b>1</b> mm/dd/yy	<b>OR</b>	<input type="checkbox"/> <b>MEASLES</b> (Rubeola) 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967.	<b>1</b> mm/dd/yy	Documentation of dates of disease serves as accept- able evidence of immunity against measles and mumps, but not rubella.  <input type="checkbox"/> Required lab reports attached.
Positive serum titers are also acceptable proof of immunity against measles, mumps, and rubella.  <input type="checkbox"/> Required lab reports attached.	<b>2</b> mm/dd/yy		<input type="checkbox"/> <b>MUMPS</b> after 12 months of age	<b>2</b> mm/dd/yy	
			<input type="checkbox"/> <b>RUBELLA</b> after 12 months of age	<b>1</b> mm/dd/yy	

### TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DT, DTaP, Td, Tdap) 1 required in last 10 years (International: 2 additional required)

<b>1</b> <input type="checkbox"/> DTP <input type="checkbox"/> Td <input type="checkbox"/> Tdap mm/dd/yy	<b>2</b> <input type="checkbox"/> DTP <input type="checkbox"/> Td <input type="checkbox"/> Tdap mm/dd/yy	<b>3</b> <input type="checkbox"/> DTP <input type="checkbox"/> Td <input type="checkbox"/> Tdap mm/dd/yy
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## RECOMMENDED IMMUNIZATIONS

<input type="checkbox"/> <b>MENINGITIS*</b>	<b>1</b> mm/dd/yy	<b>2</b> mm/dd/yy	<input type="checkbox"/> Menactra <input type="checkbox"/> Menveo <input type="checkbox"/> Meningococcal (unspecified)
<input type="checkbox"/> <b>HEPATITIS B</b>	<b>1</b> mm/dd/yy	<b>2</b> mm/dd/yy	<b>3</b> mm/dd/yy
<input type="checkbox"/> <b>HPV (Gardasil)</b> <input type="checkbox"/> <b>HPV (Cervarix)</b>	<b>1</b> mm/dd/yy	<b>2</b> mm/dd/yy	<b>3</b> mm/dd/yy
<input type="checkbox"/> <b>VARICELLA</b> <input type="checkbox"/> Date disease diagnosed and certi- fied by physician ____/____/____	<input type="checkbox"/> Lab test proving immunity (attach lab report) ____/____/____	<b>1</b> mm/dd/yy	<b>2</b> mm/dd/yy

**\*NOTE:** Meningococcal Meningitis is a potentially fatal, vaccine-preventable illness. We recommend the Meningococcal Conjugate Vaccine for all students 21 and younger. A second vaccine should be given if the first vaccine was given before age 16. This vaccine is available at the Student Health Center.

## VERIFICATION REQUIRED BY LICENSED HEALTH CARE PROVIDER

Provider Name (please print)	Signature
Address	Date
Address (continued)	Phone

FOR SIU SHS use only  
Date Exemption ends:  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ allergy  
☐ illness  
☐ pregnancy  
☐ religious