



REQUIRED IMMUNIZATION INFORMATION

Illinois State law requires students who attend Illinois colleges and universities to provide documentation of certain vaccine preventable diseases. Students who are not in complete compliance with the requirements by the 5th day of classes in summer or the 10th day in fall/spring will be assessed a non-refundable \$25 fee and a hold will be placed on their registration for the next semester.

1st Semester of enrollment
Last Name First Name Initial/Maiden Sex M F
Street Address City State Zipcode
Home Telephone Number Soc. Sec. No. or University ID # Birthdate (mo/day/yr)
NOTE EXEMPTION: Individuals born before 1-1-1957 are exempt from further documentation...
STATEMENT BY THE STUDENT: "I, the undersigned, authorize the University of Illinois Springfield to release my immunization record..."
Signature of Student (MUST BE 18 or OLDER) Date

REQUIRED BY STUDENT 18 YEARS OR OLDER

MMR (measles, mumps, rubella) Note: all dates must include month/day/year:
Two doses required, at least one month apart, AND after 12 months of age AND after live vaccine available (5-1-71)
IF MMR WAS NOT GIVEN, INDIVIDUAL IMMUNIZATIONS SHOULD BE LISTED BELOW
Measles (rubeola, hard, red, ten-day)
1. Two doses required, at least one month apart, after 12 months of age AND after live vaccine available (1-1-68)
OR 2. Date disease diagnosed and certified by physician.
OR 3. Lab test proving immunity.
Rubella (German measles, three-day)
1. One dose required after 12 months of age, AND after live vaccine available (6-19-69) (proof of illness not acceptable)
OR 2. Lab test proving immunity.
Mumps
1. Two doses required, at least one month apart, after 12 months of age, AND after live vaccine available (1-1-68)
OR 2. Date disease diagnosed and certified by physician.
OR 3. Lab test proving immunity.

OPTIONAL FOR PHYSICIAN TO COMPLETE OR RECORDS CAN BE OBTAINED BY HIGH SCHOOL/HEALTH DEPT./PHYSICIAN

Td (tetanus/diphtheria) / Tdap (tetanus/diphtheria/acellular pertussis) less than 10 years ago
3 dates required: Td/Tdap: #1 / / month/day/year Td/Tdap: #2 / / month/day/year Td/Tdap: #3 / / month/day/year

If medically exempt from any of the above vaccines: Attach a physician's statement of contraindication with date exemption ends and diagnosis.

SIGNATURE of Health Care Provider (MD, DO, RN) completing above information
Signature/Title: Date:
Name (print)
Address:
Address: Phone:
Office Use Only
Reviewed records attached verifying information:
Signature
Date

For UIS Use Only
EXEMPTIONS Date exemption ends / /
rubella religious allergy
illness pregnancy
TB TEST Test
Read
Results

IMMUNIZATION INFORMATION INSTRUCTIONS

- In accordance with state legislation and actions of the Illinois Department of Public Health, the University of Illinois at Springfield requires that this document be **completed and returned one month prior to the first day of the semester in which a student is first enrolled**. The requirement applies to **all** newly admitted students, including new graduate students, readmitted students, transfer and Peoria students.
- **STUDENTS MUST SHOW PROOF OF IMMUNIZATIONS. HAVE A HEALTH CARE PROVIDER COMPLETE THIS FORM OR SEEK IMMUNIZATION RECORDS FROM PERSONAL PHYSICIAN OR THE MEDICAL RECORD PORTION OF HIGH SCHOOL TRANSCRIPT, OR MILITARY RECORDS.**
- Students who have a medical condition which contraindicates any immunization must have a statement from the treating physician describing the condition and date it is expected to end.
- If completed by Physician/Health Care Provider, signature, address, phone number and verifying information is required.
- **ALL DATES MUST INCLUDE MONTH/DAY/YEAR.**
- **KEEP A COPY** of this form for your personal health records or in the event it is not received by UIS Campus Health Service. For additional immunization information, call UIS Campus Health Service at (217) 206-6676.

ALL STUDENTS WHO ARE **NOT** U.S. CITIZENS Immunization Information Instructions

As a result of public health concerns, as reflected by State Legislation and actions of the Illinois Department of Public Health, the University of Illinois at Springfield requires that this document be completed. This includes **all** newly admitted students, new graduate students, readmitted students, transfer and Peoria students. **BRING THE COMPLETED FORM, SIGNED BY A HEALTH CARE PROVIDER, TO UIS CAMPUS HEALTH SERVICE, BSB 20, BEFORE REGISTRATION.**

If complete immunization information is not received, an immunization "hold" will prevent you from registering for classes in the next semester.

- Tuberculosis testing **must** be done at the Campus Health Service upon arrival. There are **no** exemptions for this, and it is mandatory. Students may not register until this is completed. If you have been treated for Tuberculosis, please bring medical records translated into English. If diagnosed as a known positive reactor to tuberculosis, documentation is required.
- All records not in English must be accompanied by a certified translation.
- All dates must have Month, Day and Year of each vaccination given.
- The Immunization Form is to be completed and signed by a Health Care Provider (RN, MD, DO), address and phone number must be included.
- A student with an exemption will be excluded from the University in the event of a measles, rubella, mumps, or diphtheria outbreak in accordance with Public Health Law.
- All non-U.S. Citizens must have proof and a series of 3 Tetanus Diphtheria/Tetanus Diphtheria Pertussis.

Keep a copy of this form for your personal health records or in the event it is not received by the UIS Campus Health Service. For additional immunization information, call: (217) 206-6676.

For all students who request exemption on religious grounds:

State law permits exemption from immunization for those who object to immunizations on religious grounds. General philosophical or moral objection to immunization is **not** sufficient for an exemption on religious grounds. Additional information may be required by UIS at a later date.

Statement of student: Please state the basis of your objections:

Signature of Student _____

Date _____

MAIL COMPLETED IMMUNIZATION INFORMATION FORM AND HEALTH HISTORY FORM TO:

UIS Campus Health Service, One University Plaza, MS BSB 20, Springfield, IL 62703-5407

Phone: (217) 206-6676 Fax: (217) 206-7779 Email: healthservice@uis.edu Web: www.uis.edu/healthservices

If complete immunization information is not received by the due date, an immunization "hold" will prevent you from registering for classes in your second semester and changing classes during your first semester, and a non-compliance fee of \$25 will be charged.

REQUEST FOR ADDITIONAL INFORMATION/HIGHLY RECOMMENDED VACCINES – THE FOLLOWING ARE NOT REQUIRED

Hepatitis B vaccine #1 _____ / _____ / _____ #2 _____ / _____ / _____ #3 _____ / _____ / _____

Varivax (varicella vaccine) if you have not had chickenpox

had disease OR vaccine

#1 _____ / _____ / _____ #2 _____ / _____ / _____

Gardasil (women/men) #1 _____ / _____ / _____ #2 _____ / _____ / _____ #3 _____ / _____ / _____

Meningitis/meningococcal vaccine #1 _____ / _____ / _____ #2 _____ / _____ / _____

Meningococcal meningitis is an infection of the brain and its covering layers. It may cause death or permanent disability. College freshmen, especially those who live in residence halls, are at modestly increased risk for this infection. This form of meningitis is passed from person to person by close contact. There is an immunization available that affords substantial protection against this disease. For more information about this disease or vaccine, please visit our web site: www.uis.edu/healthservices. All vaccines available through UIS Campus Health Services may be subject to additional charge.

Health Care Provider: _____ **Date:** _____