

IMMUNIZATION FORM



PLEASE SEE IMMUNIZATION INFORMATION ON BACK OF FORM

Name: _____ SS#: _____
(Last) (First) (Middle Initial)

Birth day: ____/____/____ Gender: M ____ F ____ Term Entering EIU: ____/____
Month Day Year Semester/Year

Required Immunizations: Please provide the month, date and year for every dose administered.

Immunization	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr
DPT (Diphtheria, Pertussis, and Tetanus)												
Dt or Td (Diphtheria and Tetanus)												
Tdap (Tetanus-Diphtheria-Pertussis)												
Combined MMR (Measles/Mumps/Rubella)												
Combined MR (Measles and Rubella)												
Rubeola (7 day or Red Measles)							Disease Date OR Titer Date: (copy of lab results must be attached)					
Rubella (3 day or German Measles)							DIAGNOSIS OF DISEASE IS NOT ACCEPTABLE Titer Date: (copy of lab results must be attached)					
Mumps							Disease Date OR Titer Date: (copy of lab results must be attached)					

Recommended Immunizations: HBV, HPV and meningitis vaccinations are available at the Health Service.

Immunization	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	
HBV: Hepatitis B Vaccine							Titer Date: (copy of lab results must be attached)			
HPV (Gardasil) Vaccine										
Varicella: Chicken Pox Vaccine							Disease/ Titer Date: (copy of lab results must be attached)			
Meningococcal (Meningitis) Vaccine										

For treatment of minor, under age of 18 at the time of arrival on campus I, the parent/legal guardian of _____ hereby voluntarily and knowingly authorize Eastern Illinois University medical staff or their consultants, to render whatever care considered necessary for observation, diagnosis, and treatment of his/her case(s).

Signature (parent/legal guardian) _____ Date _____

Health Care Provider (MD, DO, APN, PA, or School Health Professional verifying that immunizations were given)

 Name (Print) Signature

 Address Telephone Date

FOR OFFICE USE ONLY – please do not write below this line)

Incomplete _____ Date: _____ Initial: _____ Complete _____ Date: _____ Initial: _____ Rev. 7-07

Eastern Illinois University Immunization Compliance Policy

----- Deadline for Immunization Compliance -----

First day of classes of the student's first semester at Eastern

Illinois College Student Immunization Act (110-ILCS 20) states: All students born on or after January 1, 1957, and enrolled in 6 or more hours of on campus classes must submit proof of immunity for diphtheria/tetanus, measles, mumps and rubella. Compliant immunization records for new students must be received by the Student Health Service no later than the first day of classes of the students' first semester.

Students in non-compliance with Illinois' immunization compliance law will have a hold placed on their University records and will be unable to register for future semesters at Eastern. Students still not in compliance 30 days after the first day of classes will additionally receive a \$25 non-compliance charge.

Compliant immunization records must:

- Be signed and dated by a nurse or physician and be **legible**.
- Include **one Td** (tetanus/diphtheria) within the last ten years. Tetanus Toxoid is **not** acceptable.
- Include **two MMR's** (measles, mumps and rubella) **after** the first birthday.

International students must submit proof of three DT's and two MMR's. If records are not in English, they must be accompanied by a certified translation.

Proof of Immunity:

- **Preferred Option:** Have a physician or nurse sign, date and complete the EIU Immunization Form (see back side)
- OR**
- Attach signed and dated High School immunization records
 - Attach signed and dated Military immunization records
 - Attach signed and dated Childhood immunization records

**All documents that are not legible or are incomplete
will be sent back to the student.**

Forms may be mailed or faxed directly to:

Eastern Illinois University
Health Service
600 Lincoln Ave
Charleston IL 61920

FAX: 217-581-3899
PHONE: 217-581-3013

H: Forms/Immunization Compliance Policy
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