

IMMUNIZATION FORM



PLEASE SEE BACK OF FORM FOR IMMUNIZATION COMPLIANCE POLICY & DEADLINES

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

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

Required Immunizations: Please provide the month, day and year of the most current vaccines.

Immunization	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)							Must have two MMRs OR two Rubeola's, one Rubella & one Mumps after 1st birthday. This can be a combined MMR.		
Combined MR (Rubeola 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)		

***You must have ONE of the diphtheria/tetanus combination vaccines within the last 10 years. International Students must provide 3 dates with the last vaccine given within the last 10 years.

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

Immunization	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr
Hepatitis A Vaccine									
Hepatitis B Vaccine									
HPV (Gardasil) Vaccine									
Varicella: Chickenpox Vaccine							Date of Chickenpox Disease:		
Meningitis/Menactra Vaccine									

Health Care Provider (MD, DO, APN, PA, NP, RN, LPN, MA verifying that immunizations were given)

NAME (Please Print)

SIGNATURE

Address

Telephone

Date

For treatment of minor, under age of 18 at the time of arrival on campus I, _____ 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: _____

Eastern Illinois University Immunization Compliance Policy

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

August 1 for Fall Semester, December 15 for Spring Semester

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 by August 1 for new students enrolling in the Fall Semester and December 15 for new students enrolling in the Spring 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, have complete address and telephone number and be legible.**
- Include **one Td, Dt, DPT, or Tdap** (tetanus/diphtheria) within the last ten years. Tetanus Toxoid is **not** acceptable.
- Include **two MMR's** (measles, mumps and rubella) **OR** two Rubeola, one Rubella and one Mumps **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:

- Have a physician or nurse **SIGN, DATE & COMPLETE** the EIU Immunization Form (see back side)

All documents that are NOT LEGIBLE or are INCOMPLETE WILL be sent back to the student. We **DO NOT keep incomplete records.**

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