

IMMUNIZATION FORM – DOMESTIC STUDENTS ONLY

PLEASE SEE BACK OF FORM FOR IMMUNIZATION COMPLIANCE POLICY & DEADLINES

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

Birth day: ____/____/____ Gender: _____ 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	Mo	Day	Yr	Mo	Day	Yr	
DTP, DtaP, DT, TD (Diphtheria and Tetanus)***																
Tdap (Tetanus-Diphtheria-Pertussis)***				***Students shall provide dates of any combination of three or more doses of Diphtheria, Tetanus and Pertussis containing vaccine. One dose must be Tdap vaccine. The last dose of vaccine (DTP, DtaP, DT, Td or Tdap) must have been received within the last 10 years.												
Combined MMR (Measles/Mumps/Rubella)**							**Must have two MMRs on or after 1 st birthday. Laboratory (serologic) evidence of MMR is acceptable.									
Meningococcal Conjugate MCV4*							*Students under the age of 22 shall show proof of having at least one dose of meningococcal conjugate on or after 16 years of age.									

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

Immunization	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr		
COVID-19										Name of Vaccine Administered:	
Hepatitis A Vaccine											
Hepatitis B Vaccine											
HPV (Gardasil) Vaccine											
Varicella: Chickenpox Vaccine										Date of Chickenpox Disease:	

Records must be signed and dated by a Health Care Provider (MD, DO, APN, PA, NP, RN, LPN, MA, Pharmacist) verifying/authenticating that immunization(s) were given.

PROVIDER NAME (Please Print) SIGNATURE/CREDENTIALS DATE

Address Telephone

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: _____

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

Incomplete _____ Date: _____ Initial: _____ Complete _____ Date: _____ Initial: _____

Eastern Illinois University

Domestic Student Immunization Compliance Policy

Illinois College Student Immunization Act states: All students born **ON OR AFTER** January 1, 1957, **and ENROLLED IN 6 OR MORE HOURS OF ON CAMPUS CREDIT** must submit proof of immunity for diphtheria/tetanus, measles, mumps and rubella and meningitis. On-campus credit includes courses considered as those traditionally delivered, technology enhanced, and internships/practica/student teaching/thesis hours.

Deadlines for Immunization Compliance				
	Preferred Submission Date	Deadline to Avoid Penalties	Registration Holds Placement Date	\$35.00 Financial Fine Placement Date
Fall Semester	August 1	First Day of Class of the Semester	Friday of the 2nd Week of the semester	Friday of the 4th Week of the Semester
Spring Semester	December 15			
Summer Semester	May 1			

Compliant immunization records **MUST**:

- **Be SIGNED and DATED by a health provider (MD, DO, APN, PA, NP, RN, LPN, MA, Pharmacist), including their complete address and telephone number and be legible.**
- **Provide dates of any combination of three or more doses of Diphtheria, Tetanus and Pertussis containing vaccine. One dose must be Tdap vaccine. The last dose of vaccine (DTP, DtaP, DT, Td or Tdap) must have been received within the last 10 years.** Tetanus Toxoid is **not** acceptable.
- **Provide dates of two MMR's (measles, mumps and rubella) on or after first birthday.**
- **All new admissions under the age of 22 shall show proof of having at least one dose of meningococcal conjugate on or after 16 years of age.**

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

International students must contact International Students and Scholars Office or Health and Counseling Services – Medical Clinic for information regarding their IM submission.

Forms may be mailed, faxed, or e-mailed directly to:

Eastern Illinois University
 Health and Counseling Services – Medical Clinic
 600 Lincoln Ave., Charleston IL 61920

FAX: 1-844-256-6402
 PHONE: 217-581-3013
 E-MAIL: health@eiu.edu

**For More Information, Visit: <https://www.eiu.edu/health/immunizations.php>
 Questions – Call 217/581-3013 or e-mail health@eiu.edu**