



IMMUNIZATION FORM

****DOMESTIC STUDENTS ONLY****

PLEASE SEE BACK OF FORM FOR IMMUNIZATION COMPLIANCE POLICY & DEADLINES

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

Birthdate ____/____/____ **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:

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:

Health Care Provider (MD, DO, APN, PA, NP, RN, LPN, MA, Pharmacist verifying that immunizations 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 Immunization Compliance Policy

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

August 1 for Fall Semester, December 15 for Spring Semester

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 CLASSES** must submit proof of immunity for diphtheria/tetanus, measles, mumps and rubella and meningitis. Compliant immunization records for new students must be received by the Health and Counseling Services – Medical Clinic 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 on the 10th day of class and will be unable to register for future semesters at EIU. Students still not in compliance 30 days after the first day of classes will additionally receive a \$35 non-compliance charge.

Compliant immunization records **MUST**:

- **Be SIGNED and DATED by a nurse or provider, have 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.**

International students must contact International Students and Scholars Office or Health and Counseling Services – Medical Clinic for more information.

Proof of Immunity:

- Have a provider or nurse **COMPLETE** the EIU Immunization Form (see back side). It **MUST BE SIGNED and DATED.**

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 and Counseling Services – Medical Clinic
600 Lincoln Ave., Charleston IL 61920

FAX: 1-844-256-6402
PHONE: 217-581-3013