



# Immunization Compliance Form

Student Health Center · Immunization Compliance  
Mailcode 6740 · 374 East Grand Avenue · Carbondale, IL 62901  
Ph: 618/453-3311 · Fax: 618/453-4452

## PART 1: General Information (completed by student)

Name (last, first, middle)		Birth Date	Student or SSI #
Address		City / State	Zip Code
Phone	Gender <input type="checkbox"/> male <input type="checkbox"/> female	First Semester at SIUC <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall    _____ year	

**PRIVACY RIGHTS WAIVER:** I authorize SIUC to release this immunization record to the Illinois Department of Public Health or its designated representative for compliance audits, in the event of a health or safety emergency or as stated in SHC's Notice of Privacy Practices.

Student Signature

Date

## PART 2: Immunization Information (completed by medical provider)

A copy of your 9th grade physical (available at your high school) may be attached in place of completing this section.  
The following immunizations are required by law. All dates must include month/day/year.

<b>Tetanus/Diphtheria</b> Three doses of Diphtheria/Pertussis/Tetanus (DPT) in childhood and a booster of Tetanus/Diphtheria (Td) within last ten years. Dose 1    ___ / ___ / ___ Dose 2    ___ / ___ / ___ Dose 3    ___ / ___ / ___ Booster Dose    ___ / ___ / ___ (must be within last ten years)		<b>MMR (Measles, Mumps, Rubella)</b> Two doses required, at least one month apart, after 12 months of age AND after live vaccine available (5/1/71). Dose 1    ___ / ___ / ___ Dose 2    ___ / ___ / ___ If MMR was not given, list individual immunizations below.	
<b>Measles</b> (Rubeola, Hard, Red, 10 Day) 1. Two doses required, at least one month apart, after 12 months of age AND after live vaccine available (1/1/68). Dose 1    ___ / ___ / ___ Dose 2    ___ / ___ / ___ OR, 2. Date disease diagnosed and certified by physician.    ___ / ___ / ___ OR, 3. Lab test proving immunity (attach lab report).    ___ / ___ / ___	<b>Rubella*</b> (German Measles, 3 day) 1. One dose required, after 12 months of age AND after live vaccine available (6/19/69).    ___ / ___ / ___ OR, 2. Lab test proving immunity (attach lab report).    ___ / ___ / ___ *History of Rubella disease is not acceptable as proof of immunity.	<b>Mumps</b> 1. One dose required, 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 (attach lab report).    ___ / ___ / ___	

Health Care Provider's Signature verifying above information or records with signature attached verifying information.

Name / Title (print)

Signature

Date

Address

Phone

### PART 3: Strongly Recommended Immunizations (completed by medical provider)

The following are optional immunizations, but are strongly recommended for all students.

International Students are required to receive a tuberculosis screening when they arrive at SIUC.

<b>Tuberculosis Skin Test</b> (performed in the US within past 12 months) Date: ___ / ___ / ___ Results of skin test _____ mm  <b>OR</b> <b>Quanti-FERON TB-Gold</b> (within past 12 months) Lab test (attach lab report). Date: ___ / ___ / ___  Has patient had a history of previous positive skin test? <input type="checkbox"/> Yes <input type="checkbox"/> No Has patient received BCG? <input type="checkbox"/> Yes <input type="checkbox"/> No Has patient received INH? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" attach a supporting document.		<b>Meningitis</b> <ul style="list-style-type: none"><li>• Meningitis is a serious disease that affects the brain and spinal cord and rapidly progresses to death if not diagnosed and treated.</li><li>• The Centers for Disease Control (CDC) recommends vaccination of unvaccinated college students, particularly those living in residence halls who are at an increased risk for meningitis.</li><li>• Meningococcal vaccine is available year round for enrolled students. To schedule an appointment call: 618-453-3311.</li><li>• Cost is approximately \$100.</li><li>• For more information go to: <a href="http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf">http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf</a></li></ul> Dose 1: ___ / ___ / ___ <input type="checkbox"/> Menactra <input type="checkbox"/> Menomune <input type="checkbox"/> Meningococcal (unspecified)
<b>Hepatitis B</b> Dose 1 ___ / ___ / ___ Dose 2 ___ / ___ / ___ Dose 3 ___ / ___ / ___	<b>Varicella</b> Date of Disease ___ / ___ / ___ OR, Blood Titer ___ / ___ / ___ OR, Dose 1 ___ / ___ / ___ OR, Dose 2 ___ / ___ / ___	
<b>Flu Vaccine</b> Dose ___ / ___ / ___	<b>Tdap Vaccine</b> (Tetanus/Diphtheria/Acellular Pertussis) Dose ___ / ___ / ___	<b>2nd Mumps Vaccine</b> Dose ___ / ___ / ___

Health Care Provider's Signature verifying above information or records with signature attached verifying information.

Name / Title (print)	Signature	Date
Address	Phone	

#### Important Notice:

Failure to comply with the Illinois State Mandate will result in a SHC hold being placed on your registration.

- A \$6.00 front door fee will be assessed for each immunization appointment.
- A \$25.00 no-show fee will be assessed to each student who fails to appear for an appointment or cancels less than two hours prior to the appointment.
- A \$25.00 late compliance fee will be assessed to each student who fails to provide proof of immunity or begins to receive the necessary series of immunizations by the deadline (this fee is NOT refundable)

**Mail Completed Form To:**  
Student Health Center  
Information Management  
Mailcode 6740  
Southern Illinois University  
374 East Grand Avenue  
Carbondale, IL 62901

**Fax Completed Form To:**  
618/453-4452

#### Official Use Only

<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete
Reviewed by	Date