

# Immunization Compliance Form

Student Health Services · Immunization Compliance  
Mail Code 6740 · 374 E. Grand Avenue · Carbondale, IL 62901  
Ph: 618-453-4326 · Fax: 618-453-4452 · www.shc.siu.edu

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

|                            |   |   |            |
|----------------------------|---|---|------------|
| Name (last, first, middle) |   | Birth Date  | DAWG Tag # |
| Address                    |   | City / State  | Zip Code   |
| Phone                      | Gender<br><input type="checkbox"/> male <input type="checkbox"/> female | First Semester at SIU Carbondale<br><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 SHS'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><br>Three doses of Diphtheria/Pertussis/Tetanus (DPT) in childhood and a booster of Tetanus/Diphtheria (Td) within last ten years.<br>Dose 1    ___ / ___ / ___<br>Dose 2    ___ / ___ / ___<br>Dose 3    ___ / ___ / ___<br>Booster Dose    ___ / ___ / ___ (must be within last ten years)   |  | <b>MMR (Measles, Mumps, Rubella)</b><br>Two doses required, at least one month apart, after 12 months of age AND after live vaccine available (5/1/71).<br>Dose 1    ___ / ___ / ___<br>Dose 2    ___ / ___ / ___<br><br>If MMR was not given, list individual immunizations below.          |  |
| <b>Measles</b> (Rubeola, Hard, Red, 10 Day)<br>1. Two doses required, at least one month apart, after 12 months of age AND after live vaccine available (1/1/68).<br>Dose 1    ___ / ___ / ___<br>Dose 2    ___ / ___ / ___<br>OR, 2. Date disease diagnosed and certified by physician.    ___ / ___ / ___<br>OR, 3. Lab test proving immunity (attach lab report).    ___ / ___ / ___ | <b>Rubella*</b> (German Measles, 3 day)<br>1. One dose required, after 12 months of age AND after live vaccine available (6/19/69).    ___ / ___ / ___<br>OR,<br>2. Lab test proving immunity (attach lab report).    ___ / ___ / ___<br><br>*History of Rubella disease is not acceptable as proof of immunity. | <b>Mumps</b><br>1. One dose required, after 12 months of age AND after live vaccine available (1/1/68).    ___ / ___ / ___<br>OR,<br>2. Date disease diagnosed and certified by physician.    ___ / ___ / ___<br>OR,<br>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 SIU Carbondale.

|  |  |   |
|--|--|---|
| <p><b>Quanti-FERON TB-Gold (within past 12 months)</b><br/>                 Lab test (attach lab report). Date: ___ / ___ / ___</p> <p>Has patient had a history of previous positive skin test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has patient received BCG? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has patient received INH? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>                 If "yes" attach a supporting document.</p> <p><b>Tuberculosis Skin Test (performed in the US within past 12 months)</b><br/>                 Date: ___ / ___ / ___ Results of skin test _____mm</p> <p><small>Note: It is mandatory that all International Students receive a tuberculosis screening at the SIU Student Health Services regardless of past skin test results.</small></p> | <p><b>Meningitis</b></p> <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: 618-536-2391.</li> <li>• For more information go to:<br/> <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> <p>Dose 1: ___ / ___ / ___    Dose 2: ___ / ___ / ___</p> <p><input type="checkbox"/> Menactra    <input type="checkbox"/> Menomune    <input type="checkbox"/> Meningococcal (unspecified)</p> |   |
| <p><b>Hepatitis B</b></p> <p>Dose 1 ___ / ___ / ___</p> <p>Dose 2 ___ / ___ / ___</p> <p>Dose 3 ___ / ___ / ___</p>  | <p><b>Varicella</b></p> <p>Date of Disease ___ / ___ / ___</p> <p>OR, Blood Titer ___ / ___ / ___</p> <p>OR, Dose 1 ___ / ___ / ___</p> <p>OR, Dose 2 ___ / ___ / ___</p>  |   |
| <p><b>Flu Vaccine</b></p> <p>Dose ___ / ___ / ___</p>  | <p><b>Tdap Vaccine (Tetanus/Diphtheria/Acellular Pertussis)</b></p> <p>Dose ___ / ___ / ___</p>  | <p><b>2nd Mumps Vaccine</b></p> <p>Dose ___ / ___ / ___</p> |

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 *HOLD* being placed on your registration by the Student Health Services.**

- A \$6.00 front door fee will be assessed for each immunization appointment.
- A no-show fee will be assessed to each student who fails to appear for an immunization appointment or cancels less than two hours prior to the appointment.

**Mail Completed Form To:**  
 Student Health Center  
 Immunization Compliance  
 Mail Code 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 |