IMMUNIZATION COMPLIANCE FORM

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
STUDENT HEALTH SERVICES

Please complete the **STUDENT INFORMATION** section and attach immunization records; OR have a health care provider complete this form. Submit documents on-line at shc.siu.edu using the Saluki Health Portal, bring to the Immunization Compliance Officer at the Information Desk of the Student Health Center, or bring to a New Student Orientation. ALL documents must be in ENGLISH; if not, provide a certified translation.

STUDENT INFORMATION

First Name: ________ Last Name: ________ MI: ____ Date of Birth: ________ (mm/dd/yy):

Age: ____ Gender: ________ Dawg Tag #: ________ Term (Semester/Year) Entering SIU: ________

Address: ________ City: ________ State: ________ Zip Code: ________

Preferred method of contact: ☐ Phone: ________ ☐ Text: ________ ☐ Email: ________

TUBERCULOSIS SCREENING:

ALL incoming students will be required to submit a Tuberculosis Screening Questionnaire on-line at shc.siu.edu using the Saluki Health Portal.

PLEASE LIST YOUR COUNTRY OF ORIGIN: ________

TO BE COMPLETED BY PHYSICIAN OR OTHER HEALTHCARE PROVIDER

REQUIRED IMMUNIZATIONS

MEASLES-MUMPS-RUBELLA - 2 doses against MMR (EXEMPT: if born on or before 1/1/57 with documents)

	1	2			1	2
MMR 2 doses of Measles, Mumps, and Rubella. All doses must be on or after 1st birthday, at least 28 days apart, both after 12/31/67.	mm/dd/yy	mm/dd/yy	**OR**	**MEASLES** (Rubeola; Hard, Red, or Seven Day) 2 doses of Measles. All doses must be on or after 1st birthday, at least 28 days apart, both after 12/31/67.	mm/dd/yy	mm/dd/yy
Positive serum titers are also acceptable proof of immunity for measles, mumps, and rubella. **Copies of reports MUST be attached.** ☐ Required lab report attached Documentation of dates of disease IS NOT acceptable evidence of immunity against measles, mumps or rubella.				**MUMPS** 2 doses of Mumps. All doses must be on or after 1st birthday and at least 28 days apart.	mm/dd/yy	mm/dd/yy
				RUBELLA (German or 3 day Measles) 2 doses of Rubella. All doses must be on or after 1st birthday and at least 28 days apart.	mm/dd/yy	mm/dd/yy

TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DTaP, Tdap) **ALL STUDENTS** must show proof of **3** Tetanus vaccinations containing Pertussis. One MUST be a Tdap. One Td or Tdap MUST be within the last 10 years. Tetanus toxoid (TT) is not acceptable.

1	2	3
☐ DTP ☐ DTaP ☐ DPT ☐ Td ☐ Tdap mm/dd/yy	☐ DTP ☐ DTaP ☐ DPT ☐ Td ☐ Tdap mm/dd/yy	☐ DTP ☐ DTaP ☐ DPT ☐ Td ☐ Tdap mm/dd/yy

MENINGITIS	1	2	
MENINGITIS: **The Meningococcal Conjugate Vaccine** is REQUIRED for all incoming students under the age of 22. If the vaccine was received prior to age 16, a booster is required.	mm/dd/yy	mm/dd/yy	☐ Menactra ☐ Menveo ☐ MenQuadfi ☐ Penbraya

RECOMMENDED IMMUNIZATIONS

	1	2	3 / Booster
☐ **COVID-19**	mm/dd/yy ☐ Moderna ☐ Pfizer ☐ J&J Janssen	mm/dd/yy ☐ Moderna ☐ Pfizer ☐ J&J Janssen	**Booster** mm/dd/yy ☐ Moderna ☐ Pfizer ☐ J&J Janssen
☐ **HEPATITIS A**	mm/dd/yy	mm/dd/yy	
☐ **HEPATITIS B**	mm/dd/yy	mm/dd/yy	mm/dd/yy
☐ **HPV (Gardasil 9)** ☐ **HPV (Gardasil)** ☐ **HPV (Cervarix)**	mm/dd/yy	mm/dd/yy	mm/dd/yy
☐ **VARICELLA** ☐ Lab test proving immunity (attach lab report)	mm/dd/yy	mm/dd/yy	
☐ **SEROGROUP B MENINGOCOCCAL** — **MenB-RC (Bexsero)** 2 doses of Bexsero.	mm/dd/yy	mm/dd/yy	
OR			
MenB-FHbp (Trumenba) 3 doses of Trumenba.	mm/dd/yy	mm/dd/yy	mm/dd/yy

HEALTH CARE PROVIDER (MD, DO, APN, NP, PA, RN, LPN, MA, Pharm.D., R.Ph.) VERIFY THAT IMMUNIZATIONS WERE GIVEN.

Provider Name (please print)	Signature/Credentials
Address	Date
City, State, Zip	Phone

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