IMMUNIZATION COMPLIANCE FORM

SOUTHERN ILLINOIS UNIVERSITY
SIU CARBONDALE
STUDENT HEALTH SERVICES

DIRECTIONS: Please complete the STUDENT INFORMATION section and attach immunization records; OR have a health care provider complete form. Submit information to: fax (618) 453-4452; e-mail to immunizations@siu.edu; or mail to SIU Student Health Services, Immunization Compliance, MC6740, 374 East Grand Ave., Carbondale, IL 62901. To contact our office, call (618) 453-4326.

STUDENT INFORMATION

First Name: ______________________ Last Name: ______________________ MI: ______

Date of Birth (mm/dd/yy): __________ Age: _____ Dawg Tag # __________ Term Entering SIU: __________ (Semester/Year)

Address/City/State/Zip Code:

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____

Preferred method of contact:
- ☐ Phone (____) __________
- ☐ Email __________
- ☐ Text (____) __________ Carrier __________

INTERNATIONAL STUDENTS:
Tuberculosis screening will be performed at Student Health Center when you arrive on the SIU Carbondale campus. Please bring a copy of this form and any related immunization documents. All documents must be in English; if not, provide a certified translation. Please call 618/453-4326 to schedule your Tuberculosis screening.

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)

MMR	1	2		Single vaccines	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 ☐ Adacel ☐ Boostrix mm/dd/yy	☐ DTP ☐ DTaP ☐ DPT ☐ Td ☐ Tdap ☐ Adacel ☐ Boostrix mm/dd/yy	☐ DTP ☐ DTaP ☐ DPT ☐ Td ☐ Tdap ☐ Adacel ☐ Boostrix mm/dd/yy

MENINGITIS	1	2	Vaccine
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 ☐ Meningococcal Conjugate

RECOMMENDED IMMUNIZATIONS

Immunization		1	2	3
☐ **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**	☐ Date disease diagnosed and certified by physician ________ ☐ 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

Note: in the Varicella row, the printed dose numbers are 1 and 2 (in the last two columns).

HEALTH CARE PROVIDER (MD, DO, APN, NP, PA, RN, PLN, MA) VERIFY THAT IMMUNIZATIONS WERE GIVEN.

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