# IMMUNIZATION COMPLIANCE FORM

SIU SOUTHERN ILLINOIS UNIVERSITY 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.

Print Clear Form

## STUDENT INFORMATION

| Last Name: | First Name: | Middle Initial: |
|---|---|---|
| Dawg Tag: | Date of Birth: mm/dd/yy | Age: |
| Address/City/State/Zip Code: | | |
| Phone: | Email: | Term Entering SIU (Semester/year) |

**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:** _____

## REQUIRED IMMUNIZATIONS

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

| | | | | |
|---|---|---|---|---|
| **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. | 1 mm/dd/yy<br>2 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. | 1 mm/dd/yy<br>2 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. | 1 mm/dd/yy<br>2 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. | 1 mm/dd/yy<br>2 mm/dd/yy |

**TETANUS-DIPHTHERIA-PERTUSSIS** (DPT, DTP, DT, DTaP, Td, 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.

| | | |
|---|---|---|
| ☐ DTP ☐ DT ☐ DTaP ☐ DPT ☐ Td ☐ Tdap ☐ Adacel ☐ Boostrix mm/dd/yy | ☐ DTP ☐ DT ☐ DTaP ☐ DPT ☐ Td ☐ Tdap ☐ Adacel ☐ Boostrix mm/dd/yy | ☐ DTP ☐ DT ☐ DTaP ☐ DPT ☐ Td ☐ Tdap ☐ Adacel ☐ Boostrix mm/dd/yy |

| | | | |
|---|---|---|---|
| **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. | 1 mm/dd/yy | 2 mm/dd/yy | ☐ Menactra ☐ Menveo ☐ Meningococcal Conjugate |

## RECOMMENDED IMMUNIZATIONS

| | | | | |
|---|---|---|---|---|
| ☐ **HEPATITIS A** | | 1 mm/dd/yy | 2 mm/dd/yy | |
| ☐ **HEPATITIS B** | | 1 mm/dd/yy | 2 mm/dd/yy | 3 mm/dd/yy |
| ☐ **HPV (Gardasil 9)** ☐ **HPV (Gardasil)** ☐ **HPV (Cervarix)** | | 1 mm/dd/yy | 2 mm/dd/yy | 3 mm/dd/yy |
| ☐ **VARICELLA** | ☐ Date disease diagnosed and certified by physician mm/dd/yy | ☐ Lab test proving immunity (attach lab report) mm/dd/yy | 1 mm/dd/yy | 2 mm/dd/yy |

## 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 |