

Concordia University Chicago
Student Services

IMMUNIZATION RECORD

Phone: 708-209-3005 Fax: 708-209-3176

Check one: Undergraduate Student Graduate Student (on-campus) Graduate Student (off-campus)

PART I: To be completed by the student. (Please Print)

Last Name First M.I. H#/Student id # Date of Birth

Address (Number and Street) City, State Zip Code

Home Telephone Number M F Sex Term of Admission (check one) Fall (Aug.) Spring (Jan.) Summer (May) Year

I authorize Concordia University Chicago to release this immunization record to the Illinois Department of Public Health, or its designated representative, for compliance audits and in the event of a health and safety emergency.

Student's Signature Date
Those born BEFORE JANUARY 1, 1957 are only required to complete PART I, PART II and PART IV.

PART II: To be completed and signed below by a health care provider.

TUBERCULOSIS TB test (must be within 1 year of the 1st day of the semester you were admitted) Date Results of skin test: Negative Positive*
*Positive TB skin test requires chest x-ray Date Results of chest x-ray: Normal Abnormal

PART III: To be completed and signed by a health care provider. All dates must include month, day, and year. (Check appropriate box.)

MEASLES (RUBEOLA) MO / DA / YR
1. Immunization with live virus vaccine? (Two doses are required and must be given at least 30 days apart. Both doses given in 1968 or later, and given on or after 1st birthday.)
2. Disease confirmed by physician's records?
3. Immunity confirmed by blood titer?
4. Exemption?
RUBELLA (GERMAN MEASLES)
1. Immunization with live virus vaccine? (Given on or after 12/28/67 and given on or after 1st birthday.)
2. Immunity confirmed by blood titer?
3. Exemption?
MUMPS
1. Immunization with live virus vaccine? (Given on or after 12/28/67 and given on or after 1st birthday.)
2. Disease confirmed by physician's records?
3. Immunity confirmed by acceptable laboratory test? (See #7, reverse side.)
4. Exemption?
TETANUS and DIPHTHERIA (Td or DT or DPT)
Note: Tetanus Toxoid (TT) is not acceptable.
1. Primary series completed? (At least three dose dates are required.)
2. Most recent booster? (Must be within last 10 yrs.)
3. Exemption?
If serious doubt exists about the completion of a primary three-dose series, two doses of combined (TD) toxoids should be given one month apart, followed by a third dose in 6 months.

PART IV: Health care provider verifying information for Part II and Part III. Date

Name (Print or Stamp) Date

Telephone Fax

Physician licensed to practice medicine in all of its branches (M.D. or D.O.), a local health authority, registered nurse employed by a school, college, or university, or a Health Department recognized vaccine provider.

Return to: Student Services, 7400 Augusta Street, River Forest, Illinois 60305. Phone 708-209-3005 or Fax 708-209-3176.

For Office Use: Date Reviewed by Entered by Reviewed by Entered by Complete Incomplete
Exempt: E Measles (Rubeola) Rubella Mumps Tetanus/Diphtheria Tuberculosis
Immune: I Neg Pos

Copies are acceptable (e.g., high school, college, military, personal records)

INSTRUCTIONS FOR COMPLETION OF IMMUNIZATION RECORD

STUDENT SERVICES

7400 Augusta Street
River Forest, Illinois 60305
Phone 708-209-3005 Fax 708-209-3176

MUST BE COMPLETED PRIOR TO STUDENT'S FIRST ENROLLMENT.

Note: *Illinois Law requires incoming new students to document immunity to measles, rubella, mumps, and tetanus/diphtheria.*

PART I: To be completed by the student.

Students who are newly enrolled at Concordia University Chicago must provide written evidence of current immune status or evidence of exemption from this requirement with respect to the following communicable diseases: Measles (Rubeola), German Measles (Rubella), Mumps, Tetanus/Diphtheria, and Tuberculosis (required as per University policy). The state law, which applies to all public and private colleges and universities in Illinois, went into effect on July 1, 1989. Students enrolled at Concordia University Chicago in the fall 1989 quarter or later will be required to comply with the policy. Previously enrolled students and students born prior to January 1, 1957 are exempt from this requirement. Evidence of immunization should be provided no later than the beginning of the student's first term of enrollment at Concordia University Chicago. The University requires that each student must also submit results of a chest x-ray or other test for tuberculosis administered within one year prior to entry. Failure to comply with the state law and University requirements before the end of the first term will result in the placing of encumbrances on the student's record, which will prevent further enrollment.

Students born prior to January 1, 1957 and all part-time (less than 4.5 credits per semester) students should complete only Part I, Part II, and Part IV.

Students are encouraged to keep a copy of this form for their personal health records.

A student with a vaccine exemption may be excluded from the University/College in the event of a measles, rubella, mumps, or diphtheria outbreak in accordance with public health recommendations.

All records not in English must be accompanied by a certified translation.

PARTS II, III, & IV: Must be completed and signed by a health care provider.¹

1. The following are acceptable as documentation of immunization: (1) this form, (2) the Certificate of Child Health Examination form (the student is responsible for obtaining this from high school records), (3) a Certificate of Immunity showing the type of vaccine, date of each dose, the name of the physician or clinic that administered the vaccine, the phone number, and the address. ALL RECORDS must be verified or authenticated by a physician, registered nurse, or public health official and to be date- and dose specific.

2. All dates must include MONTH, DAY, and YEAR.

3. All laboratory evidence of immunity must be accompanied by a copy of the laboratory report.

4. All live virus vaccines must have been given on or after the first birthday.

5. The minimum time between each dose of live measles virus vaccine must be at least 30 days.

6. History of rubella disease is not acceptable as proof of immunity.

7. Mumps titer is only acceptable as proof of immunity if the laboratory test used was a neutralization, enzyme-linked immunosorbent assay (ELISA or EIA) or radial hemolysis antibody test. A four-fold rise in antibody titer between appropriately spaced acute and convalescent sera is also acceptable.

8. Only the following exemptions will be accepted and statements must accompany this record:

MEDICAL CONTRAINDICATIONS - A written, signed, and dated statement from a physician stating the specific vaccine or vaccines contraindicated and duration of medical condition that contraindicates the vaccine(s).

RELIGIOUS EXEMPTION - A written, signed, and dated statement by the student (or parent/guardian if the student is a minor) describing his/her objection to immunization on the grounds that they conflict with the tenet and practices of a recognized church or religious organization of which the student is an adherent or member.

PREGNANCY OR SUSPECTED PREGNANCY - A signed statement from a physician stating the student is pregnant or pregnancy is suspected and an approximate due date.