

IMMUNIZATION FORM FOR STUDENTS

Please review page two for documentation requirements. All completed forms MUST be uploaded to the [Immunization Portal](#).

LAST NAME:		FIRST NAME:		MI:
STUDENT ID (8-DIGITS):		DATE OF BIRTH:	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
PHONE NUMBER:		E-MAIL:		
FIRST QUARTER ATTENDING: <input type="checkbox"/> AUTUMN <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER				YEAR:

BELOW SECTIONS TO BE COMPLETED BY A HEALTHCARE PROVIDER. DATES SHOULD BE FORMATTED AS MM/DD/YYYY.

REQUIRED VACCINES	MMR (COMBINED MEASLES, MUMPS, RUBELLA) - 2 DOSES REQUIRED OR INDIVIDUAL VACCINES AS LISTED BELOW. - STUDENTS BORN ON OR BEFORE 1/1/57 DO NOT HAVE PROVIDE IMMUNITY FOR MMR.	DOSE #1 DATE (ON OR AFTER FIRST BIRTHDAY & AFTER 1/1/68. THOSE WHO RECEIVED MMR BETWEEN 1957-1968 MUST PROVE LIVE VIRUS VACCINE WITHOUT GAMMA GLOBULIN):	DOSE #2 DATE (AT LEAST 28 DAYS AFTER FIRST MMR DOSE):		
	-OR-				
	Measles (Rubeola) 2 DOSES REQUIRED. BOTH MUST BE DONE ON OR AFTER FIRST BIRTHDAY, AFTER 1/1/68, AND AT LEAST 28 DAYS APART.	DOSE #1 DATE:	DOSE #2 DATE:	OR ATTACH COPY OF LAB REPORT (TITER) CONFIRMING IMMUNITY (ANTIBODIES)	
	Mumps 2 DOSES REQUIRED. BOTH MUST BE DONE ON OR AFTER FIRST BIRTHDAY, AND AT LEAST 28 DAYS APART.	DOSE #1 DATE:	DOSE #2 DATE:	OR ATTACH COPY OF LAB REPORT (TITER) CONFIRMING IMMUNITY (ANTIBODIES)	
	Rubella (German Measles) 2 DOSES REQUIRED. BOTH MUST BE DONE ON OR AFTER FIRST BIRTHDAY, AND AT LEAST 28 DAYS APART.	DOSE #1 DATE:	DOSE #2 DATE:	OR ATTACH COPY OF LAB REPORT (TITER) CONFIRMING IMMUNITY (ANTIBODIES)	
	Tetanus/Diphtheria/Pertussis 3 DOSES OF DTP, DPT, DTaP, DT, Td, OR Tdap ARE REQUIRED. - ONE DOSE MUST BE Tdap. - THE FIRST TWO DOSES MUST BE AT LEAST 28 DAYS APART. - LAST DOSE MUST HAVE BEEN RECEIVED WITHIN 10 YEARS PRIOR TO THE TERM OF CURRENT ENROLLMENT. - TETANUS TOXOID IS NOT ACCEPTABLE IN FULFILLING THIS REQUIREMENT.				
Tdap DATE:		DTP, DPT, DTaP, TD, DT, OR Tdap DATE:	DTP, DPT, DTaP, TD, DT, OR Tdap DATE:		
Meningococcal Conjugate - REQUIRED FOR ALL NEW STUDENTS UNDER THE AGE OF 22. - ONE DOSE MUST HAVE BEEN GIVEN ON OR AFTER 16 TH BIRTHDAY.			VACCINE DATE:		

SIGNATURE OF HEALTH PROVIDER	DATE
HEALTH PROVIDER NAME (PRINT)	ADDRESS
TELEPHONE NUMBER	FAX NUMBER

CLINIC STAMP:

****SIGNING PROVIDER IS VERIFYING ALL DATES ARE ACCURATE****

STUDENTS ARE REQUIRED TO PROVIDE:

- **Measles, Mumps, Rubella (MMR)**
 - Vaccines for MMR must be given on or after 12 months of age (on or after the student's first birthday).
 - Two Measles (Rubeola) vaccines, separated by at least 28 days.
 - For measles vaccines given before 1968, proof must be submitted that a live-virus vaccine was administered.
 - History of disease is not acceptable as proof of immunity for Rubella. Titers are required for proof of immunity in those who have a history of disease.
 - Students born on or before January 1, 1957 will not have to provide immunity for MMR.
- **Tetanus/Diphtheria/Pertussis (DTP, DPT, DT, DTaP, Td or Tdap)**
 - All students must show proof of vaccination of three dose dates for Tetanus/Diphtheria/Pertussis immunization.
 - One dose must be Tdap (tetanus, diphtheria and acellular pertussis) vaccine.
 - One dose must have been received within 10 years prior to the term of current enrollment.
 - Tetanus Toxoid is not acceptable in fulfilling this requirement.
- **Meningococcal (Menactra MCV4, Menomune MPSV4, Menveo)**
 - Required for all new students under the age of 22.
 - One dose must have been given on or after 16th birthday.

IMPORTANT NOTES:

- A LICENSED HEALTHCARE PROVIDER must complete the immunization form. A healthcare provider is: a physician licensed to practice (M.D. or D.O.), a licensed nurse, or a public health official.
- ENGLISH: All immunization forms and copies of laboratory reports must be submitted in English. Translations of non-English documents must be certified. It is acceptable to have an English translation of the documents certified as accurate by a member of the University community who is fluent in the document's original language.
- EXEMPTIONS: The following exemptions may be allowed. Anyone with a vaccine exemption may be excluded from the University/College in the event of a Measles, Mumps, Rubella or Diphtheria outbreak in accordance with public health law.
 - MEDICAL CONTRAINDICATIONS: a written, signed, and dated statement from a physician stating the vaccine that is contraindicated, the nature, and duration of the medical condition that contraindicates the vaccine(s). This statement will not be accepted if it does not meet the standards of care at The University of Chicago Hospitals. Submit this statement to the Student Health Service at sccimm@uchospitals.edu.
 - PREGNANCY OR SUSPECTED PREGNANCY: a signed statement from a physician stating the student is pregnant or pregnancy is suspected. Pregnancy exemptions are applicable only to Measles, Mumps, and Rubella requirements. Submit this statement to the Student Health Service at sccimm@uchospitals.edu.
 - AGE EXEMPTION: Persons born before January 1, 1957 are considered immune to Measles, Mumps, and Rubella. Requirements may be met by the submission of a copy of the student's birth certificate, driver's license, or passport identifying the birth date.
 - RELIGIOUS EXEMPTION: a written, signed, and dated statement by the student detailing the student's objection to immunization on religious grounds. Request for religious exemptions will be forwarded for review and only be granted by the Registrar. Submit this statement to the University Registrar at registrar@uchicago.edu.