



Dear Student,

Welcome to the University of Chicago! The State of Illinois and University regulations require all students to provide proof of required immunizations prior to registration for classes. In order to complete this requirement, you must follow the below steps.

IMMUNIZATION RECORD INSTRUCTIONS

Step 1: Print the below immunization form (pages 3 and 4)

Complete the demographic (top) section AND 1) have a licensed health care provider complete the rest of the form OR 2) gather required immunization records (see step 2).

Step 2: Get your records

Acceptable forms of documentation include school immunization records, clinic/hospital records, International Certificate of Vaccinations or other official documentation of your vaccination history. Please make sure that the record is in English; translations of non-English documents must be certified.

If you have not received these immunizations, please make every effort to obtain them before arriving on campus. If you are unable to receive them prior to arriving on campus, please call Student Health Service at 773-702-4156 to schedule an appointment.

Step 3: Submit completed immunization form and records

Upload your completed documentation to the [Immunization Portal](#). The Immunization Portal will indicate what immunizations you may still need. You may submit questions about compliance through the [Immunization Portal](#).

Thank you for your attention to this important matter.

Student Health Service



Students are required to provide documentation of the following vaccines:

- **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 (2) Measles (Rubeola) vaccines, separated by at least 28 days, are required.
 - 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 (DPT, DTP, DT, DTaP, Td or Tdap)**
 - All students must show proof of vaccination of three (3) dose dates for Tetanus/Diphtheria/Pertussis immunization.
 - One dose must be a Tdap (tetanus, diphtheria and acellular pertussis) vaccine.
 - One dose must have been given within 10 years of first day of the quarter you start at the University of Chicago.
- **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 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 Immunization Program 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 Immunization Program at sccimm@uchospitals.edu.
 - Age exemption: Persons born before January 1, 1957 are considered immune to Measles, Mumps, and Rubella.
 - 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.
 - Questions? Email sccimm@uchospitals.edu or call (773) 702-4156.



STUDENT IMMUNIZATION RECORD FORM

PART I – STUDENT INFORMATION

Student ID#: _____ First Quarter Attending (circle): Fall / Winter / Spring / Summer

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Sex: _____

Phone Number: _____ E-mail: _____

Parts II - IV are to be completed by a healthcare provider. All dates must include MONTH, DAY, and YEAR.

PART II – MEASLES, MUMPS, RUBELLA

Students born on or before January 1, 1957 will not have to provide immunity for MMR.

MMR #1 Date of Vaccine _____(mm/dd/yyyy)
Must be given on or after 12 months of age/first birthday

MMR #2 Date of Vaccine _____(mm/dd/yyyy)
Must be given at least 28 days after MMR #1

OR

If individual vaccines were received for Measles, Mumps, and Rubella, please complete the following:

Measles (Rubeola) Vaccine Date of Vaccine # 1 _____(mm/dd/yyyy)

Date of Vaccine # 2 _____(mm/dd/yyyy)

Rubella (German measles) Vaccine Date of Vaccine # 1 _____(mm/dd/yyyy)

Date of Vaccine # 2 _____(mm/dd/yyyy)

Mumps Vaccine Date of Vaccine # 1 _____(mm/dd/yyyy)

Date of Vaccine # 2 _____(mm/dd/yyyy)

If proof of vaccine cannot be provided, a student must obtain a blood titer to confirm immunity of any of the above. A copy of the laboratory test in English must be submitted.



Student ID#: _____ First Quarter Attending (circle): Fall / Winter / Spring / Summer

PART III – TETANUS/DIPHThERIA/PERTUSSIS (DPT, DTP, DT, DTAP, TD OR TDAP)

- All students must show proof of vaccination of three (3) dose dates for Tetanus/Diphtheria/Pertussis immunization.
- One dose must be a Tdap (tetanus, diphtheria and acellular pertussis) vaccine.
- One dose must have been given within 10 years of first date of the quarter the student starts at the University.
- Tetanus Toxoid vaccine is not acceptable in fulfilling this requirement.

Date of TDAP Vaccine _____(mm/dd/yyyy)

AND

Date of DPT,DTP,DT,DTap, Td or Tdap Vaccine _____(mm/dd/yyyy)

Date of DPT,DTP,DT,DTap, Td or Tdap Vaccine _____(mm/dd/yyyy)

PART IV – MENINGOCOCCAL VACCINE (MENACTRA MCV4, MENOMUNE MPSV4, MENVEO OR MENINGOCOCCAL)

- Required for all new students under the age of 22.
- One dose must have been given on or after 16th birthday.

Date of Vaccine _____(mm/dd/yyyy)

HEALTHCARE PROVIDER CERTIFICATION

Provider(s) Signature: _____

Provider(s) printed Name: _____

Address: _____

Phone Number: _____