ILLINOIS TECH

Student Health and Wellness Center

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10 W 35th Street - 3D9-1 - 312-567-7550

Required Immunization Information

CERTIFICATE OF COMPLIANCE WITH IMMUNIZATION REQUIREMENTS FOR INSTITUTIONS OF HIGHER LEARNING IN ILLINOIS

It is mandatory for students born on or after January 1, 1957 to document immunity to tetanus and diphtheria, measles, mumps, and rubella prior to registration.

Part I—To be completed by Student (Please Print)

Family/Last/Surname	First Name	Student Identification Number (example: A20300000) A ☐☐☐☐☐☐☐☐
Age _____ Date of Birth (month/day/year) _____/_____/_____	Country of Birth	Semester of Entrance: Fall ( ) Spring ( ) Summer ( )

If found to be in violation of the IIT Code of Conduct, students may face sanctions including fines, service hours and restricted student status. I understand that I will be subject to the campus conduct process if the University determines that I have falsified immunization documents or forged signatures on any documentation. I authorize IIT to release this immunization record to the Illinois Department of Public Health (IDPH), or its designated representative, for compliance audits and in the event of a health or safety emergency.

Student Signature: _____ Email: _____ Date: _____

Part II—To be completed by Health Care Provider—Please Note: Medical exemptions require supporting documentation.

MMR (Measles, Mumps, Rubella)

Two doses required at least 28 days apart for students born after 1957. If vaccine dates are not available, immunity may be confirmed by blood titer. Laboratory copy with blood titer values or a reference range must be attached.

MMR Dose 1 (given on or after the first birthday): ____/____/____ (month/day/year) MMR Dose 2: ____/____/____ (month/day/year)

If individual vaccines were received for Measles, Mumps, and Rubella, please complete the following dates (month/day/year):

Measles (Rubeola) Vaccine #1: ____/____/____ Mumps Vaccine #1: ____/____/____ Rubella (German Measles) Vaccine #1: ____/____/____

Measles (Rubeola) Vaccine #2: ____/____/____ Mumps Vaccine #2: ____/____/____ Rubella (German Measles) Vaccine #2: ____/____/____

Meningococcal (Meningitis)

Beginning Fall term 2016-2017, all new admissions under the age of 22 shall show proof of having at least one dose of meningococcal conjugate vaccine on or after 16 years of age.

#1 _____/_____/_____ (month/day/year) #2 _____/_____/_____ (month/day/year)

Td (Tetanus/Diphtheria), Tdap (Tetanus/Diphtheria/Acellular Pertussis)

All students must provide a total of three (3) primary (childhood) doses of Td **AND** 1 dose of TD/TDaP within the last 10 years.

#1	#2	#3	**Most Current Booster** (given within past 10 years)
____/____/____ month/day/year	____/____/____ month/day/year	____/____/____ month/day/year	____/____/____ month/day/year

TB Blood Test (Tuberculosis) for International Students ONLY **(Must be done after July 21, anything before this date will not be accepted.)**

Screening through Interferon-Gamma Release Assay (IGRA)—(QuantiFERON Gold or T-SPOT). IGRA results must be attached. Results will not be accepted without proper documentation ****IF positive IGRA***, a Chest X-Ray ***is*** required.

( ) QuantiFERON ***or*** ( ) T-SPOT Date: _____/_____/_____ (month/day/year)

Clinic Stamp/Seal Required	**Signature of Health Care Provider Completing the above information**
	Provider's Signature/Title: _____ Date: _____
	Provider's Printed Name: _____
	Address: _____
	Telephone: _____ Fax: _____