*601*

# IMMUNIZATION HISTORY

McKINLEY HEALTH CENTER
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
Phone (217) 333-2702 (M-F)

| Last Name | First | Middle | University Identification Number | |
|---|---|---|---|---|
| Home Address | | | Preferred Phone ( ) | Alternate Phone ( ) |
| City/State/Country/Zip or Postal Code | | | E-mail Address | |

| Date of Birth (mm/dd/yyyy) | Age | Gender ☐ M ☐ F ☐ Other | Enrollment term/year FA SP SU | Citizenship ☐ U.S. ☐ Other (specify) |
|---|---|---|---|---|
| | | | | |

| **Person to Notify in an Emergency** Name: | Relationship | Contact Phone ( ) |
|---|---|---|
| Address of Emergency Contact (including City/State/Country/Zip or Postal Code) | | Alternate Phone ( ) |

**All required and recommended immunizations are available at McKinley Health Center for a fee.**

**↓ ↓ ↓ This section must be completed by a Licensed Health Care Provider. ↓ ↓ ↓**

## REQUIRED IMMUNIZATIONS (dates required)

**Licensed Provider: Complete Immunization documentation or attach signed physician/school immunizations.**

■ **MEASLES-MUMPS-RUBELLA** – 2 shots against measles, 2 shots against rubella, and 2 shots against mumps

| | | | | |
|---|---|---|---|---|
| **MMR (strongly recommended) **** 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967 | 1 mm/dd/yy | | **MEASLES (Rubeola)** 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967 | 1 mm/dd/yy |
| | 2 mm/dd/yy | ***OR*** | | 2 mm/dd/yy |
| Positive serum titers are also acceptable proof of immunity against measles, mumps and rubella. ☐ Required lab report attached. | | | **MUMPS** 2 doses at least 28 days apart AND after 12 months of age | 1 mm/dd/yy |
| | | | | 2 mm/dd/yy |
| Documentation of dates of disease **IS NOT** acceptable evidence of immunity against measles, mumps or rubella. **Individuals born before 1957 are exempt from MMR vaccine documentation. | | | **RUBELLA** 2 doses at least 28 days apart AND after 12 months of age | 1 mm/dd/yy |
| | | | | 2 mm/dd/yy |

■ **TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DT, DTaP, Td, Tdap) –**
**At least 3 doses of diphtheria, tetanus and pertussis containing vaccine are REQUIRED. One dose MUST be Tdap.**
The last dose of vaccine (DPT, DTP, DT, DTaP, Td, Tdap) must have been administered within 10 years of the student's enrollment date.

| 1 ***(record first shot here)*** | 2 | 3 |
|---|---|---|
| ☐ DTP / DTaP ☐ Tdap ☐ Td mm/dd/yy | ☐ DTP / DTaP ☐ Tdap ☐ Td mm/dd/yy | ☐ Tdap ☐ Td mm/dd/yy |

■ **MENINGOCOCCAL CONJUGATE VACCINE** –Students between the ages of 16-21 must have one dose of Menactra, Menveo, Nimenrix or Aramen on or after their 16th birthday. Students age 22 and over are not required to receive the vaccine. **Meningococcal-B vaccine does not meet this requirement.**

☐ Menactra/Menveo mm/dd/yy _____ mm/dd/yy _____ ☐ Other: Vaccine name _____ mm/dd/yy _____

## RECOMMENDED IMMUNIZATIONS (complete if received)

| | | | |
|---|---|---|---|
| ☐ 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) ☐ HPV (Cervarix) | 1 mm/dd/yy | 2 mm/dd/yy | 3 mm/dd/yy |
| ☐ VARICELLA | 1 mm/dd/yy | 2 mm/dd/yy | ☐ Had Varicella (Chickenpox) |

## Required Healthcare Provider Verification: Vaccine dates must be on or prior to provider verification date.

| Provider Name (print or stamp) | Signature | Date |
|---|---|---|
| Address | | Phone |

**TO SUBMIT FORM: Students:** Upload to MyMcKinley.illinois.edu
**Providers:** Fax to (217) 244-1758 **or** Mail to McKinley Health Center, 1109 S. Lincoln Ave., Urbana, IL 61801 **Submission Deadlines: Fall - July 1, Spring - December 1, Summer - April 1**

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