# IMMUNIZATION RECORD

<table>
<thead>
<tr>
<th>Last Name (Print)</th>
<th>First Name</th>
<th>Middle</th>
<th>Date of Birth</th>
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CERTIFICATE OF COMPLIANCE WITH IMMUNIZATION REQUIREMENTS FOR INSTITUTIONS OF HIGHER EDUCATION 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.

All information must be provided in English

## PART 1 MANDATORY — ALL ENTERING STUDENTS

**M.M.R. (MEASLES, MUMPS, RUBELLA)**
(Two doses required at least 28 days apart for students born after 1956)

1. Dose 1 given on or after the first birthdate
   - #1 / / _____________
   - M D Y

2. Dose 2 given at least 28 days after first dose
   - #2 / / _____________
   - M D Y

**TETANUS-DIPHTHERIA-PERTUSSIS**
Booster: Tdap, within the last ten years

   - / / _____________
   - M D Y

**MENINGOCOCCAL CONJUGATE VACCINE**
Routine vaccination:

1. Dose 1 given been the ages of 11–16
   - #1 / / _____________
   - M D Y

2. Booster dose given been ages of 16–18
   - #2 / / _____________
   - M D Y

Complete above information in Part 1 and 2 other dates of doses received of Tdap, DPT, Dt, or Td

   / / _____________
   M D Y

   / / _____________
   M D Y

Illinois Wesleyan University
Arnold Health Service
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**IMMUNIZATION RECORD (CONT.)**

### TUBERCULOSIS SCREENING

1. Does the student have signs or symptoms of active tuberculosis disease or is a member of a high risk group?  
   - Yes ☐  
   - No ☐  
   If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing or Qft (blood test) as indicated.

2. Tuberculin Skin Test:  
   - Date Given: / /  
   - Date Read: / /  
   - Result: _______ (Record actual mm of induration, transverse diameter; if no induration, write “O”)  
   - Interpretation (based on mm of induration as well as risk factors): Positive ________ Negative ________  

3. Qft testing (required if tuberculin skin test is positive) result:  
   - Normal ________ Abnormal ________  
   - Date / /  
   - INH / /  

4. International students will be screened and tested for tuberculosis upon arrival to campus.

### RECOMMENDED

**HUMAN PAPILLOMAVIRUS (HPV) VACCINE**  
HPV vaccine protects against the human papilloma viruses that cause most cervical cancers, anal cancer and genital warts.  
Three doses of HPV vaccine on a schedule of 0, 2 and 6 month intervals to all male and female students.

1. Dose 1 given between the ages of 9–26 .............................................................. #1 / /  
2. Dose 2 given 2 months after 1st dose ............................................................. #2 / /  
3. Dose 3 given 6 months after 1st dose ............................................................. #3 / /  

### HEALTH CARE PROVIDER

Print Name of Health Care Provider  
Health Care Provider's Signature  
Date  
Address  
City State Zip Code  
Health Care Provider Telephone

**MAIL COMPLETED FORM TO:**  
Illinois Wesleyan University  
Arnold Health Service  
P.O. Box 2900  
Bloomington, IL 61702-2900

**FOR OFFICE USE ONLY:**  
- Entered ☐  
- Email/note sent Date ☐  
- Incomplete ☐  
- Completed ☐