

# IMMUNIZATION RECORD

Last Name ( <i>Print</i> )	First Name	Middle	Date of Birth
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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

<b>PART 1 MANDATORY — ALL ENTERING STUDENTS</b>						
<p>M.M.R. (MEASLES, MUMPS, RUBELLA) (Two doses required at least 28 days apart for students born after 1956)</p>						
1. Dose 1 given on or after the first birthdate.....	#1 <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td></tr></table>	/	/	M	D	Y
/	/					
M	D	Y				
2. Dose 2 given at least 28 days after first dose .....	#2 <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td></tr></table>	/	/	M	D	Y
/	/					
M	D	Y				
<p>TETANUS-DIPHTHERIA-PERTUSSIS Booster: Tdap, within the last ten years .....</p>						
	<table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td></tr></table>	/	/	M	D	Y
/	/					
M	D	Y				
<p>MENINGOCOCCAL CONJUGATE VACCINE Routine vaccination:</p>						
1. Dose 1 given been the ages of 11–16 .....	#1 <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td></tr></table>	/	/	M	D	Y
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M	D	Y				
2. Booster dose given been ages of 16–18 .....	#2 <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td></tr></table>	/	/	M	D	Y
/	/					
M	D	Y				
<b>PART 2 MANDATORY — ALL INTERNATIONAL STUDENTS</b>						
<p>Complete above information in Part 1 and 2 other dates of doses received of Tdap, DPT, Dt, or Td</p>						
	<table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr><tr><td style="text-align: center;">M</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td></tr></table>	/	/	M	D	Y
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M	D	Y				

