

Instructions for Completing the Immunization Record Form

The Illinois Department of Public Health requires that all students attending a post-secondary institution show proof of the following immunizations before registering for classes:

Required Immunizations:

- **Two doses** of a live **measles** vaccine administered at least one month apart **and** after first birthday
- **Two dose** of a live **rubella** vaccine administered after first birthday
- **Two dose** of a live **mumps** vaccine administered after first birthday
- **Three doses** of **Diphtheria, Tetanus and Pertussis** (DTP, DTaP, DT, Td or Tdap) containing vaccine. **One dose** must be **Tdap** vaccine. The **last dose** of vaccine must have been **within ten years** of enrollment

Proof of immunity or a diagnosis of measles, mumps, and rubella is also acceptable documentation.

Acceptable documentation must contain the month, day, and year of the vaccine, proof of immunity, or the day the disease was conferred accompanied by a licensed health care provider's signature.

Exemptions:

The following exemptions will be granted in lieu of the vaccine if proper documentation is presented along with this form:

- Medical condition or pregnancy
- Religious belief
- Birth date on or before January 1, 1957 (only an exemption for measles, mumps, and rubella)

Helpful tips:

If you are having difficulty locating these records, contact your high school. Many state high school health records comply with these immunization requirements.

If you know you have received a particular vaccine but do not have any records of the immunization, a titer blood test can prove your immunity to measles, mumps, and rubella.

Questions:

If you have questions about the Immunization Record Form, please contact Stacy Branch, Assistant Director, Registration and Student Records at sbranch@erikson.edu or 312.893.7153.

Mail completed form to:

Erikson Institute
Attn: Stacy Branch
451 North LaSalle Street
Chicago, Illinois 60654-4510

Or fax to:

312.755.1672, Attn: Stacy Branch

Student Immunization Record Form

Date _____

Erikson ID _____

Student name _____

Last

First

Middle initial

Date of Birth (month/day/year) _____

Gender Male Female

Semester of first enrollment Fall Spring Summer

Year of first enrollment _____

Please complete either Option A or Option B

- Option A: Include a copy of your Official Immunization Records proving ALL immunizations.
- Option B: See Below - Remainder of form to be completed and signed by physician or health car provider

Section 1-A: MMR

Note: If MMR was not given, individual immunizations should be listed in Section 1-B.

Dose one Immunized on or after _____
first birthday Date

AND

Dose two Immunized at least 30 _____
days after dose 1 Date

Section 1-B: Measles/Mumps/Rubella

Please indicate one of the following options and provide proper documentation.

Measles

Immunized with live vaccine on or
after first birthday _____
Date

AND

Immunized with live vaccine at least
30 days after dose 1 _____
Date

Laboratory evidence of immune titer _____
Date

Physician diagnosis of disease _____
Date

Exemption. Please explain: _____

Mumps

Immunized with live vaccine on or
after first birthday _____
Date

AND

Immunized with live vaccine at least
least 30 days after dose 1 _____
Date

Laboratory evidence of immune titer _____
Date

Physician diagnosis of disease _____
Date

Exemption. Please explain: _____

Section 1-B Continued

Rubella

Immunized with live vaccine on or
after first birthday _____
Date

AND

Immunized with live vaccine at least
30 days after dose 1 _____
Date

Laboratory evidence of immune titer _____
Date

Physician diagnosis of disease _____
Date

Exemption. Please explain: _____

Section 2: Tetanus/Diphtheria

Please provide dates and proper documentation for the following: 3 dates must be provided per state law

Booster given within ten years _____
Date

_____ Date

_____ Date

Section 3: Health Care Provider Information

Name

Telephone

Signature Date

For Registration and Student Records Office use only

Date received _____ Staff initials _____