



Student's Name \_\_\_\_\_  
 IC ID Number \_\_\_\_\_

# IMMUNIZATION RECORD

**Please give this form to your physician, nurse practitioner or physician's assistant.**

As of July 1989, all students born after January 1, 1957 registering for the first time at public or private colleges in Illinois must present evidence of immunity against the vaccine-preventable diseases. **If no proof of immunization, certification of medical exemption, or statement of religious objection is presented, the student will not be permitted to register for courses** (Public Act 85-1315). \*Required for entrance.

**TO THE EXAMINING PROVIDER:** Please complete and sign the Immunization Record. This information is necessary for the College to best serve the student.  Check here to see attached immunization records.

**TO RETURN THIS FORM, SCAN AND UPLOAD IT AT LOGIN.IC.EDU IN THE MEDICAT APP.**

***Should you have any questions, contact us at 217.245.3038.***

## STUDENT INFORMATION

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### REQUIRED IMMUNIZATIONS:

#### A. MMR\* (MEASLES, MUMPS, RUBELLA)

(Two doses required at least 28 days apart for students born after 1956 and all health care professional students.)

Dose 1 given at age 12 months or later #1 \_\_\_/\_\_\_/\_\_\_

Dose 2 given at least 28 days after first dose #2 \_\_\_/\_\_\_/\_\_\_

#### B. MENINGOCOCCAL QUADRIVALENT\*

(Illinois Law: Students must have had one meningococcal conjugate after age of 16.) *Not required for students over the age of 22.*

1. Quadrivalent conjugate (MenACWY) or (MCV4).

a. Dose #1 \_\_\_/\_\_\_/\_\_\_

b. Dose #2 \_\_\_/\_\_\_/\_\_\_

2. Quadrivalent polysaccharide (acceptable alternative if conjugate not available). Date: \_\_\_/\_\_\_/\_\_\_

#### C. TETANUS, DIPHTHERIA, PERTUSSIS\*

(Illinois Law: Students must have had a TDAP within the last 10 years)

1. Primary series completed?  Yes  No

Date of last dose in series: \_\_\_/\_\_\_/\_\_\_

2. Date of most recent booster dose: \_\_\_/\_\_\_/\_\_\_

Type of booster:  Td  Tdap *Tdap booster recommended for ages 11-64 unless contraindicated.*

#### D. Polio\*

Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.

1. OPV alone (oral Sabin three doses):

a. Dose #1 \_\_\_/\_\_\_/\_\_\_

b. Dose #2 \_\_\_/\_\_\_/\_\_\_

c. Dose #3 \_\_\_/\_\_\_/\_\_\_

2. IPV/OPV sequential:

IPV #1 \_\_\_/\_\_\_/\_\_\_

IPV #2 \_\_\_/\_\_\_/\_\_\_

OPV #3 \_\_\_/\_\_\_/\_\_\_

OPV #4 \_\_\_/\_\_\_/\_\_\_

3. IPV alone (injected Salk four doses):

a. Dose #1 \_\_\_/\_\_\_/\_\_\_

b. Dose #2 \_\_\_/\_\_\_/\_\_\_

c. Dose #3 \_\_\_/\_\_\_/\_\_\_

d. Dose #4 \_\_\_/\_\_\_/\_\_\_

## STRONGLY RECOMMENDED IMMUNIZATIONS:

### E. HEPATITIS B

(All college and health care professional students. Three doses of vaccine or two doses of adult vaccine in adolescents 11–15 years of age, or a positive hepatitis B surface antibody meets the requirement.)

1. Immunization (Hepatitis B)

- a. Dose #1 \_\_\_/\_\_\_/\_\_\_      \_\_\_Adult formulation or \_\_\_Child formulation
- b. Dose #2 \_\_\_/\_\_\_/\_\_\_      \_\_\_Adult formulation or \_\_\_Child formulation
- c. Dose #3 \_\_\_/\_\_\_/\_\_\_      \_\_\_Adult formulation or \_\_\_Child formulation

2. Immunization (Combined Hepatitis A and B vaccine)

- a. Dose #1 \_\_\_/\_\_\_/\_\_\_
- b. Dose #2 \_\_\_/\_\_\_/\_\_\_
- c. Dose #3 \_\_\_/\_\_\_/\_\_\_

3. Hepatitis B surface antibody    Date: \_\_\_/\_\_\_/\_\_\_    Result:  Reactive     Non-reactive

### F. INFLUENZA

- Trivalent (IIV3)     Quadrivalent (IIV4)     Recombinant (RIV3)     Live attenuated influenza vaccine (LAIV)

Date of last dose: \_\_\_/\_\_\_/\_\_\_

### G. VARICELLA

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

1. History of disease:  Yes     No    or    Birth in U.S. before 1980:  Yes     No

2. Varicella antibody: \_\_\_/\_\_\_/\_\_\_      Result:  Reactive     Non-reactive

3. Immunization: Dose #1 \_\_\_/\_\_\_/\_\_\_

Dose #2 given at least 12 weeks after first dose ages 1–12 years and at least 4 weeks after first dose if age 13 years or older    \_\_\_/\_\_\_/\_\_\_

### H. HUMAN PAPILLOMAVIRUS VACCINE (HPV2/HPV4/HPV9)

(Three doses of vaccine for females and males 11–26 years of age at 0, 1–2, and 6 month intervals.)

Immunization (indicate which preparation, if known)

- Quadrivalent (HPV4)     Bivalent (HPV2)     9-valent (HPV9)

a. Dose #1 \_\_\_/\_\_\_/\_\_\_

b. Dose #2 \_\_\_/\_\_\_/\_\_\_

c. Dose #3 \_\_\_/\_\_\_/\_\_\_

### I. HEPATITIS A

1. Immunization (Hepatitis A):

a. Dose #1 \_\_\_/\_\_\_/\_\_\_

b. Dose #2 \_\_\_/\_\_\_/\_\_\_

2. Immunization (Combined Hepatitis A and B vaccine):

a. Dose #1 \_\_\_/\_\_\_/\_\_\_

b. Dose #2 \_\_\_/\_\_\_/\_\_\_

c. Dose #3 \_\_\_/\_\_\_/\_\_\_

### J. PNEUMOCOCCAL POLYSACCHARIDE VACCINE

- PCV 13    Date \_\_\_/\_\_\_/\_\_\_     PPSV 23    Date \_\_\_/\_\_\_/\_\_\_

**K. MENINGOCOCCAL SEROUGROUP B**

(Two or three dose series; may be given to any college student or for outbreak control; may be given with quadrivalent meningococcal vaccine at different anatomic site. Must complete series with the same vaccine.)

1. MenB-RC (Bexsero)     routine     outbreak –related

a. Dose #1 \_\_/\_\_/\_\_

b. Dose #2 \_\_/\_\_/\_\_

OR

1. MenB-FHbp (Trumenba)     routine     outbreak –related

a. Dose #1 \_\_/\_\_/\_\_

b. Dose #2 \_\_/\_\_/\_\_

**COVID-19 (SARS-CoV-2)**

1. Moderna

a. Dose #1 \_\_/\_\_/\_\_

b. Dose #2 \_\_/\_\_/\_\_

c. Dose #3 \_\_/\_\_/\_\_

d. Dose #4 \_\_/\_\_/\_\_

2. Pfizer

a. Dose #1 \_\_/\_\_/\_\_

b. Dose #2 \_\_/\_\_/\_\_

c. Dose #3 \_\_/\_\_/\_\_

c. Dose #4 \_\_/\_\_/\_\_

3. Johnson & Johnson

a. Dose #1 \_\_/\_\_/\_\_

b. Dose #2 \_\_/\_\_/\_\_

4. Other

a. Dose #1 \_\_/\_\_/\_\_

b. Dose #2 \_\_/\_\_/\_\_

**HEALTH CARE PROVIDER CERTIFICATION**

Health Care Provider (please print) \_\_\_\_\_

Health Care Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_



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