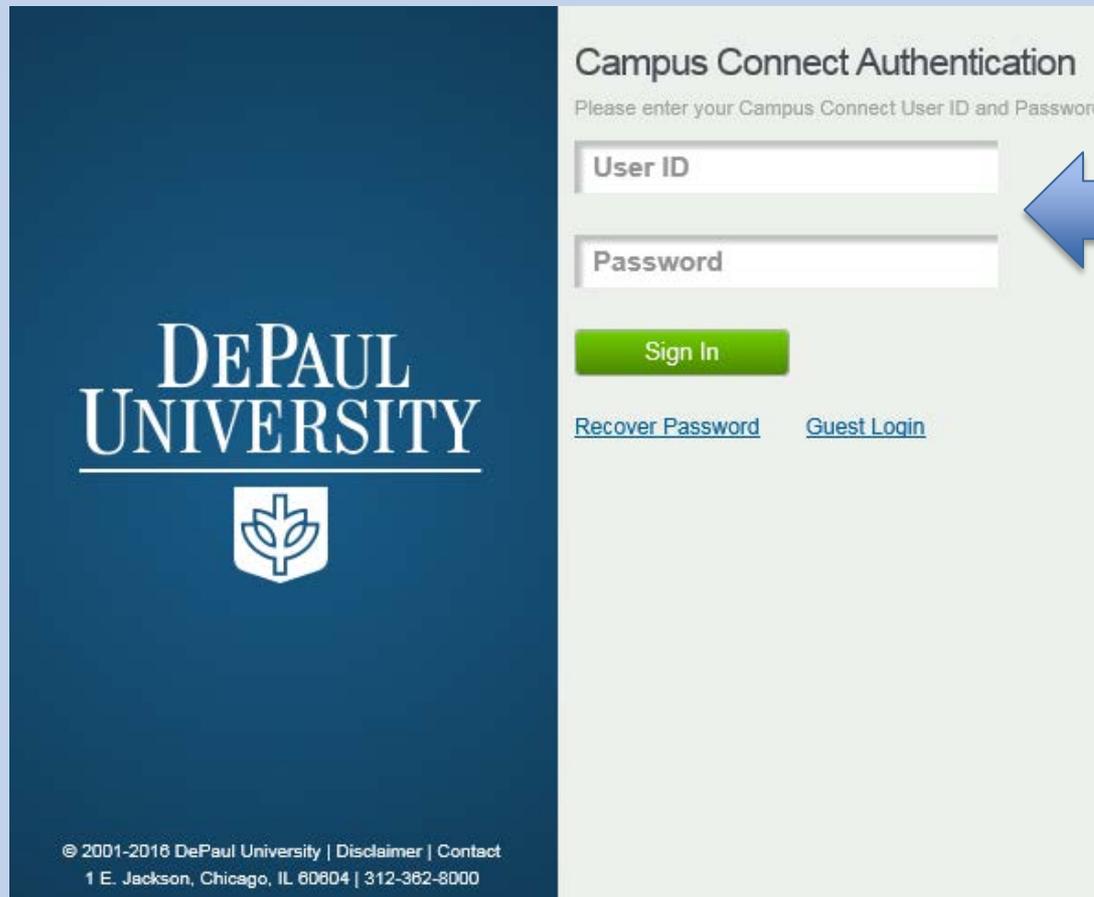




# Student Self-Service Immunization Process

DePaul Central  
and  
The Office of the University Registrar

# Begin by Signing into **Campus Connect**



**DEPAUL UNIVERSITY**

**Campus Connect Authentication**  
Please enter your Campus Connect User ID and Password

User ID

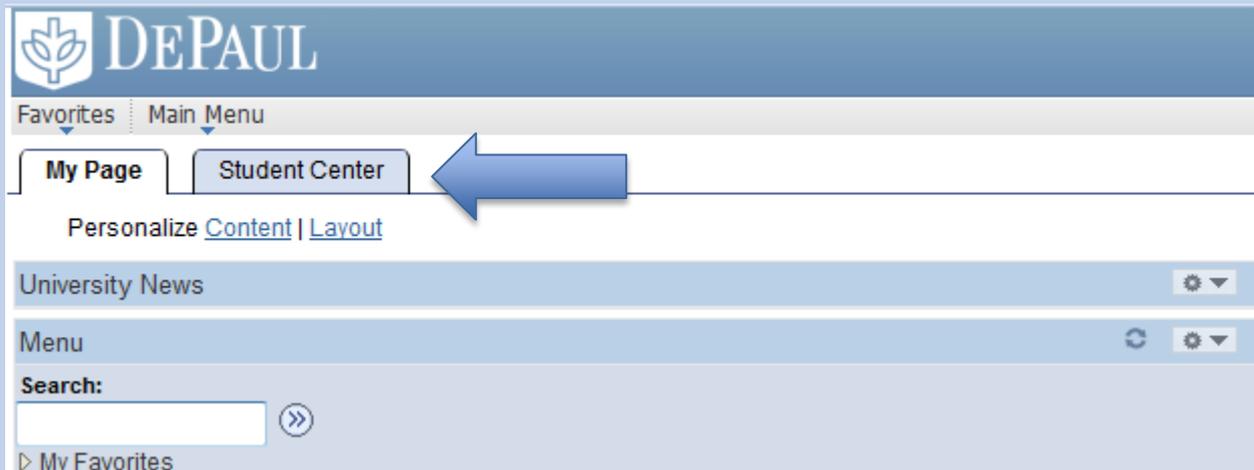
Password

Sign In

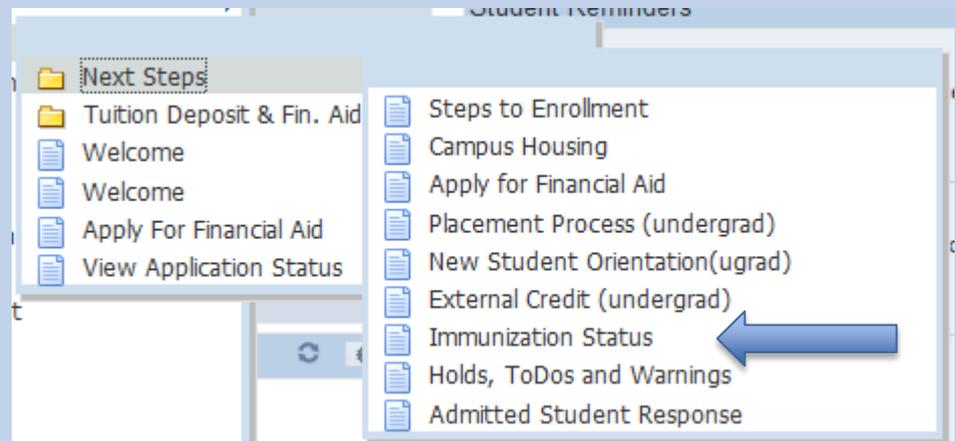
[Recover Password](#) [Guest Login](#)

© 2001-2018 DePaul University | [Disclaimer](#) | [Contact](#)  
1 E. Jackson, Chicago, IL 60604 | 312-362-8000

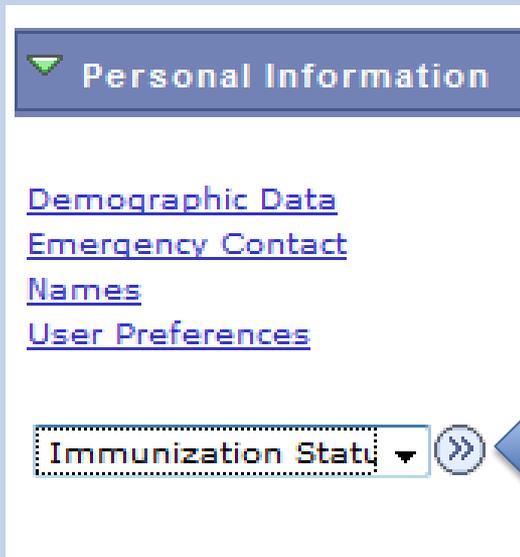
# Navigate to the Campus Connect Student Center



For New Admits you may Navigate to the Immunization Status Page through the Campus Connect Admission Next Steps



# In the Student Center, Navigate to the Personal Information Section and Select the drop down for Immunization Status



There is also a Link in the Student Center to the Immunization Status Page under Additional Resources.



# The Immunization Status Page

On this page you can review your Immunization Status Grid and determine what is required and/ or already complete.

Select the **Immunization Requirements Submittal Process Link** to begin the submittal process (Be sure pop up blocker is off in your browser).

If you need the Form to take to your Physician first, then select and download the DePaul University Immunization Form.

**Immunization Status**  
DePaul University - Chicago, IL  
10/26/2016

Your immunization records at DePaul University are listed in the chart below.

Use the **Immunization Requirements Submittal Process** link below to submit your required immunization records.

If you do not have a copy of your records you may use the **DePaul University Immunization Form** below to have your physician or health care provider complete and sign. Then return to this Campus Connect page to submit the form through the link below.

For more information about the immunization requirements, please visit [go.depaul.edu/immunizations](http://go.depaul.edu/immunizations).

[Immunization Requirements Submittal Process](#) ←

[DePaul University Immunization Form](#)

Inoculation	StatusDate	1st Inoculation	2nd Inoculation	3rd Inoculation	ExpirationDate	Status
Diphtheria, Tetanus		Required				Not Received
Measles	2014-05-01	1997-07-18	2000-08-14			Complete
Meningococcal	2016-09-28	2016-09-01				Complete
Mumps	2016-06-22	1997-07-18	2000-08-14			Complete
Pertussis	2016-09-28	2016-09-01				Complete
Rubella	2016-06-22	1997-07-18	2000-08-14			Complete

Print this page

# Immunization Requirements Submittal Process

Once you have entered the submittal process page it will display the immunization requirements, your status grid and a section that asks if you are ready to upload your documents in an electronic format.

**DEPAUL** | Immunization Requirements

EMPLID:                       Name:

DePaul University complies with the Illinois Department of Health, which requires that all students who enroll and attend a campus location provide proof of the following immunizations:

- Tetanus/Diphtheria/Pertussis - 3 doses (at least 1 Tdap in lifetime, last dose within the past ten years.)
- Measles - 2 doses at least 28 days apart, after first birthday. Neither dose can be prior to 1968.)
- Mumps - 2 doses (at least 28 days apart, after first birthday. Neither dose can be prior to 1968.)
- Rubella - 2 doses (at least 28 days apart, after first birthday. Neither dose can be prior to 1968.)
- Meningococcal - 1 dose (if under the age of 22, taken on or after 16th birthday.)

**NOTE:** Failure to meet the requirements will result in a hold on your registration. Learn more about the Immunization [Requirements](#) and [Exemptions](#)

Your immunization records at DePaul University are listed below.

Innoculation	Status Date	1st Inoculation	2nd Inoculation	3rd Inoculation	Expiration Date	Status
Diphtheria, Tetanus	8/12/2016	Required	Required	Required	2016-11-22	Not Received
Pertussis	8/12/2016	Required			2016-11-22	Exempt
Measles	8/12/2016	Required	Required		2016-11-22	Exempt
Mumps	8/12/2016	Required	Required		2016-11-22	Exempt
Rubella	8/12/2016	Required	Required		2016-11-22	Exempt
Meningococcal	2016-10-08				2016-11-22	Exempt

"Required" - specifies the immunization is required and must be submitted.  
"Completed" - your immunization record has been received and meets the requirement.  
"Incomplete/Expired" or "Not Received" - your immunization record has expired or additional records or information is needed.

Cells that are grayed out (N/A on printed version) indicate immunizations that are not required

---

**Do you have documents in an electronic format and ready to upload now?**

Yes (Please use one of the following formats: GIF, JPG, PDF, PNG, TIF)

**Acceptable Immunization Documentation:**

- Lower school/college medical records
- Titer (blood test to prove immunity) Not applicable to Tetanus
- Doctor's Note/childhood medical records
- State medical records
- Pharmacy receipts
- Appointment cards
- Exemption forms:
  - Medical/Pregnancy
  - Religious
  - Age

No, I want to print the DePaul University Immunization Form to have my physician or health care provider complete and sign.

[Cancel, I do not wish to continue](#)                      [Next](#)

# Select “Yes” and “Next” when ready to submit

**NOTE:** Failure to meet the requirements will result in a hold on your registration. Learn more about the Immunization [Requirements](#) and [Exemptions](#)

Your immunization records at DePaul University are listed below.

Inoculation	Status Date	1st Inoculation	2nd Inoculation	3rd Inoculation	Expiration Date	Status
Diphtheria, Tetanus	8/12/2016	Required	Required	Required	2016-11-22	Not Received
Pertussis	8/12/2016	Required			2016-11-22	Exempt
Measles	8/12/2016	Required	Required		2016-11-22	Exempt
Mumps	8/12/2016	Required	Required		2016-11-22	Exempt
Rubella	8/12/2016	Required	Required		2016-11-22	Exempt
Meningococcal	2016-10-06				2016-11-22	Exempt

“Required” - specifies the immunization is required and must be submitted.

“Completed” – your immunization record has been received and meets the requirement.

“Incomplete/Expired” or “Not Received” – your immunization record has expired or additional records or information is needed.

Cells that are grayed out (N/A on printed version) indicate immunizations that are not required

Do you have documents in an electronic format and ready to upload now?

Yes (Please use one of the following formats: GIF, JPG, PDF, PNG, TIF)

**Acceptable Immunization Documentation:**

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- State medical records
- Pharmacy receipts
- Appointment cards
- Exemption forms:
  - Medical/Pregnancy
  - Religious
  - Age

No, I want to print the DePaul University Immunization Form to have my physician or health care provider complete and sign.

[Cancel. I do not wish to continue](#)

[Next](#)

# Read and Agree to the Terms and Conditions

 **DEPAUL** | Immunization Requirements

EMPLID:  Name:

Please review the User Agreement below and check the box acknowledging your consent before continuing.

---

I authorize DePaul University to release this immunization record to the Illinois Department of Public Health, or its designated representatives for compliance audits or in the event of a health emergency. All immunization documents submitted to DePaul become the property of the University. I understand that, unless required to do so by law, DePaul University will not re-release my immunization documentation to me or any other academic institution or third party.

Yes, I have read and agree to the terms and conditions of the user agreement

[Cancel. I do not wish to continue](#) [Back](#) [Next](#)



# Immunization Submission Grid

Now you may select each inoculation type you are submitting and the dates of when each was taken. Only those still required will be blank.

If a shot taken covered multiple inoculation types then enter same date for each covered by the shot. For Example if you took MMR on 10/2/16 then enter that date for Measles, Mumps and Rubella.

 DEPAUL
| Immunization Requirements

EMPLID:  Name:

Steps to submit your immunization documents:

1. Select all the inoculation types you would like to submit and enter the corresponding dates they were taken.
2. Click the "Browse" button to find and select your supporting documentation
3. Click the "upload immunization" button, be sure your upload appears under the uploaded section and then click "Submit".

NOTE: If you have taken combined inoculations such as MMR, Tdap, DTP or DTaP, please enter the same date taken for each inoculation type included in the combination. For example: If you had a MMR on 1/1/2016, then select Measles, Mumps and Rubella in the chart and enter the same 1/1/2016 for each of them.

Select	Innoculation	1st Inoculation	2nd Inoculation	3rd Inoculation
<input type="checkbox"/>	Diphtheria, Tetanus	REQUIRED Date Taken: <input type="text"/>	REQUIRED Date Taken: <input type="text"/>	REQUIRED Date Taken: <input type="text"/>
<input type="checkbox"/>	Pertussis	REQUIRED Date Taken: <input type="text"/>	Date Taken: <input type="text"/>	Date Taken: <input type="text"/>
<input type="checkbox"/>	Measles	REQUIRED Date Taken: <input type="text"/>	REQUIRED Date Taken: <input type="text"/>	Date Taken: <input type="text"/>
<input type="checkbox"/>	Mumps	REQUIRED Date Taken: <input type="text"/>	REQUIRED Date Taken: <input type="text"/>	Date Taken: <input type="text"/>
<input type="checkbox"/>	Rubella	REQUIRED Date Taken: <input type="text"/>	REQUIRED Date Taken: <input type="text"/>	Date Taken: <input type="text"/>
<input type="checkbox"/>	Meningococcal	Date Taken: <input type="text"/>	Date Taken: <input type="text"/>	Date Taken: <input type="text"/>

The documents must be in one of the these formats: GIF, JPG, PDF, PNG or TIF  
(Maximum limit of 5 Documents allowed)

Browse...
Upload Immunization

Uploaded Immunization Documents Available for Edit:

Name	Type	Size	Modified	Preview
No Documents currently being reviewed				

[Cancel, I do not wish to continue](#)
[Back](#)
[Submit](#)

# Once you have checked all inoculations and dates you may upload the supporting documents



## Immunization Requirements

EMPLID:

Name:

Steps to submit your immunization documents:

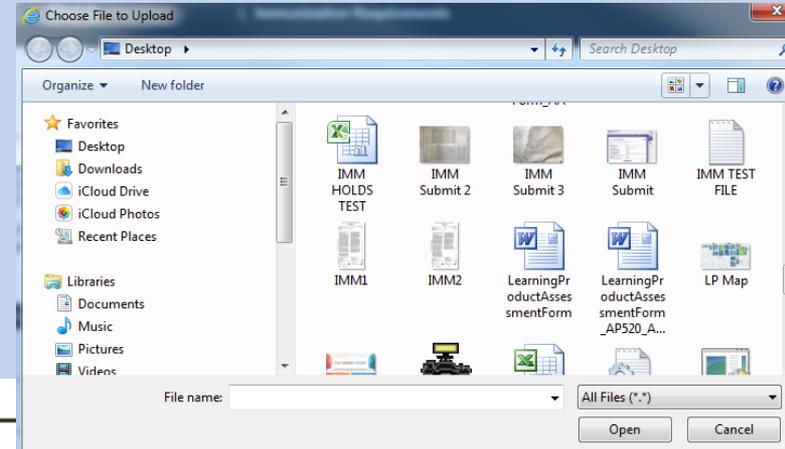
1. Select all the inoculation types you would like to submit and enter the corresponding dates they were taken.
2. Click the "Browse" button to find and select your supporting documentation
3. Click the "upload immunization" button, be sure your upload appears under the uploaded section and then click "Submit".

NOTE: If you have taken combined inoculations such as MMR, Tdap, DTP or DTaP, please enter the same date taken for each inoculation type included in the combination. For example: If you had a MMR on 1/1/2016, then select Measles, Mumps and Rubella in the chart and enter the same 1/1/2016 for each of them.

Select	Innoculation	1st Inoculation	2nd Inoculation	3rd Inoculation
<input checked="" type="checkbox"/>	Diphtheria, Tetanus	REQUIRED Date Taken: <input type="text" value="10/03/2000"/>	REQUIRED Date Taken: <input type="text" value="10/08/2001"/>	REQUIRED Date Taken: <input type="text" value="08/15/2014"/>
<input checked="" type="checkbox"/>	Pertussis	REQUIRED Date Taken: <input type="text" value="08/15/2014"/>	Date Taken: <input type="text"/>	Date Taken: <input type="text"/>
<input checked="" type="checkbox"/>	Measles	REQUIRED Date Taken: <input type="text" value="10/04/1999"/>	REQUIRED Date Taken: <input type="text" value="10/03/2000"/>	Date Taken: <input type="text"/>
<input checked="" type="checkbox"/>	Mumps	REQUIRED Date Taken: <input type="text" value="10/04/1999"/>	REQUIRED Date Taken: <input type="text" value="10/03/2000"/>	Date Taken: <input type="text"/>
<input checked="" type="checkbox"/>	Rubella	REQUIRED Date Taken: <input type="text" value="10/04/1999"/>	REQUIRED Date Taken: <input type="text" value="10/03/2000"/>	Date Taken: <input type="text"/>
<input type="checkbox"/>	Meningococcal	Date Taken: <input type="text"/>	Date Taken: <input type="text"/>	Date Taken: <input type="text"/>

# You may now select the “Browse” button to select the supporting documents from your computer.

Once you have selected the document from your computer, select “Upload Immunization”. You may upload up to 5 documents in one submission.



The documents must be in one of the these formats: GIF, JPG, PDF, PNG or TIF  
(Maximum limit of 5 Documents allowed)

C:\Users\laandrad3\Desktop\IMM Submit 2.jpg

Browse...

Upload Immunization



Uploaded Immunization Documents Available for Edit:

Name	Type	Size	Modified	Preview
------	------	------	----------	---------

Immunization Documents Pending Review:

No Documents currently being reviewed

[Cancel. I do not wish to continue](#)

[Back](#)

[Submit](#)

Once you have uploaded the documents, you will see it appear in the Uploaded Documents section. You may preview the document to determine that it is readable. Select "Submit" when complete.

The documents must be in one of the these formats: **GIF, JPG, PDF, PNG or TIF**  
(Maximum limit of 5 Documents allowed)

No file selected.

**Uploaded Immunization Documents Available for Edit:**

Name	Type	Size	Modified	Preview
 IMM Submit.png	10/27/2016 2:50:00 PM	.png 287363		 

---

**Immunization Documents Pending Review:**

No Documents currently being reviewed

---

[Cancel, I do not wish to continue](#) [Back](#) [Submit](#) 

# Success! You will receive a message that the process is complete and your records will be reviewed. An Email will also be sent to you indicating what was submitted for review.

Your immunization records have been submitted for review. A confirmation email has been sent to your preferred email address.

Please allow up to 5 business days for your records to be updated. You can check back in Campus Connect for the latest status of your immunization records.

If you would like additional information regarding the immunization requirements, please visit our website at [go.depaul.edu/immunization](http://go.depaul.edu/immunization). Click [here](#) to print a copy of the submission for your records.

Subject: Your DePaul University Immunization Submission

Please allow up to 5 business days for your records to be updated. You can check back in Campus Connect for the latest status of your immunization records.

Below shows what you have uploaded:

Inoculation	1st Inoculation	2nd Inoculation	3rd Inoculation
<i>Diphtheria, Tetanus</i>	5/16/2006		
<i>Pertussis</i>	<b>UPLOADED</b> 10/25/2016		
<i>Measles</i>	4/28/1979	3/14/1992	
<i>Mumps</i>	9/19/1979	<b>REQUIRED</b>	
<i>Rubella</i>	9/14/1992	<b>REQUIRED</b>	
<i>Meningococcal</i>	<b>REQUIRED</b>		

If you have questions or issues, please contact  
DePaul Central  
[dpcl@depaul.edu](mailto:dpcl@depaul.edu) or 312-362-8610

