



**STUDENT INFORMATION (this section must be completed):**

Last Name		First Name and Middle Initial	Date of Birth (mm/dd/yyyy) ____/____/____
DePaul Student # ____-____-____-____	E-mail Address		International Student? (F-1 or J-1 Visa) ____ Yes ____ No

I authorize DePaul University to release this immunization record to the Illinois Department of Public Health, or its designated representative 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.**

Student Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete either Option A or Option B**

- Option A:** Include a copy of your Official Immunization Records proving ALL immunizations. (SKIP OPTION B)
- Option B:** See below – Remainder of form to be completed and signed by physician or health care provider.

**OPTION B:** To be completed and signed by physician or health care provider. Please note the following:

- **Positive** laboratory (serologic) evidence of immunity via blood (antibody) titer is acceptable proof for Measles, Mumps and Rubella.
- Include all lab evidence with copy of lab report.
- Anyone with a vaccine exemption may be excluded from the college/university in the event of an outbreak in accordance with public health recommendations.
- **All documents must be in English** or accompanied by a certified translation.

<b>*TETANUS/ DIPHTHERIA/ PERTUSSIS–</b> <b>THREE</b> doses required, last dose within the past 10 years. At least 1 dose of Tdap in lifetime must be submitted. <b>*Blood Titer is not accepted for Tetanus/ Diphtheria / Pertussis</b>	<b>Dose 1</b> Td <input type="checkbox"/> DTap <input type="checkbox"/> Tdap <input type="checkbox"/> ____/____/____ MM DD YYYY			<b>Dose 2</b> Td <input type="checkbox"/> DTap <input type="checkbox"/> Tdap <input type="checkbox"/> ____/____/____ MM DD YYYY			<b>Dose 3</b> Td <input type="checkbox"/> DTap <input type="checkbox"/> Tdap <input type="checkbox"/> ____/____/____ MM DD YYYY					
	<b>MEASLES/ MUMPS/ RUBELLA –</b> <b>TWO</b> doses required of MMR or each individually, at least 28 days apart, after 12 months of age. Neither dose can be prior to 1968.	<b>MMR Dose 1</b> ____/____/____ MM DD YYYY			<b>Measles Dose 1</b> ____/____/____ MM DD YYYY			<b>Mumps Dose 1</b> ____/____/____ MM DD YYYY			<b>Rubella Dose 1</b> ____/____/____ MM DD YYYY	
<b>MMR Dose 2</b> ____/____/____ MM DD YYYY			<b>Measles Dose 2</b> ____/____/____ MM DD YYYY			<b>Mumps Dose 2</b> ____/____/____ MM DD YYYY			<b>Rubella Dose 2</b> ____/____/____ MM DD YYYY			
			<input type="checkbox"/> <b>OR</b> positive blood titer with <b>REQUIRED</b> copy of lab report.			<input type="checkbox"/> <b>OR</b> positive blood titer with <b>REQUIRED</b> copy of lab report.			<input type="checkbox"/> <b>OR</b> positive blood titer with <b>REQUIRED</b> copy of lab report.			
<b>*MENINGOCOCCAL CONJUGATE–</b> <b>ONE</b> dose required if under 22 years old, taken on or after the age of 16. <b>*Meningitis B is not a requirement</b>	<b>Dose 1</b> ____/____/____ MM DD YYYY											

Physician or public health official verification - I verify to the best of my knowledge that the above immunization information is correct.

Physician Name (print or stamp)	Physician's Phone #:
Physician's Signature:	Date (mm/dd/yyyy) ____/____/____

**This form must be completed and returned with applicable attachments before the student is allowed to register.**

**To submit this form and/or additional records:** Scan or take a photo of this completed form and any additional documents, then login to [Campus Connect](#). **For Current students:** click the Student Resources Tile > Immunization Status. **For Admitted students:** click the Next Steps Tile > Immunization Status.

For more information visit: [go.depaul.edu/immunizations](http://go.depaul.edu/immunizations).

<b>For DePaul Central Office Use Only:</b>		<b>Partial:</b>	<b>Complete:</b>	<b>Hold Removed:</b>
Date:	Staff Initials:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>