

CERTIFICATE OF IMMUNITY (to be completed by a Health Care Provider):

In accordance with Illinois College Student Immunization Act 11TLCs 20, Millikin University requires verification of immunity for Diphtheria/Tetanus, Measles, Mumps, and Rubella. Exact dates are required for all immunizations, date of disease and/or serological test results. If serology titer indicates lack of immunity, vaccines must be administered. Immunizations administered prior to the first birthday are invalid.

- Exemptions:**
- (1) Age; persons born before January 1, 1957 do not need to submit a Certificate of Immunity
 - (2) Medical Contraindications: submit detailed documentation from a physician
 - (3) Religious Exemption: call our office to request a form or print the form from our website at millikin.edu/wellness.

Student Name: _____ Date of Birth: ___ / ___ / ___
Last First M

Student ID #: _____

MMR (Measles, Mumps, Rubella) _____
 Two doses required, at least one month apart, after 12 months of age AND after 5-1-71 #1 ___ / ___ / ___ #2 ___ / ___ / ___

IF MMR WAS NOT GIVEN, INDIVIDUAL IMMUNIZATIONS SHOULD BE LISTED

Measles (Rubeola, hard, red, 10 day)
 1. Two doses required, at least one month apart, after 12 months of age AND after 1-1-68 #1 ___ / ___ / ___ #2 ___ / ___ / ___
 OR 2. Date of disease diagnosed and certified by a physician #1 ___ / ___ / ___
 OR 3. Serology test results proving immunity **attach lab report**

Mumps
 1. One dose required, after 12 months of age AND after 1-1-68 #1 ___ / ___ / ___ #2 ___ / ___ / ___
 OR 2. Date of disease diagnosed and certified by a physician #1 ___ / ___ / ___
 OR 3. Serology test results proving immunity **attach lab report**

Rubella (German Measles, 3 day)
 1. One dose required, after 12 months of age AND after 1-1-68 #1 ___ / ___ / ___
 OR 2. Serology test results proving immunity **attach lab report**

Meningococcal All new admissions under the age of 22, receive 1 dose of Meningococcal conjugate vaccine on or after 16 years of age. #1 ___ / ___ / ___

TD (Tetanus/Diphtheria) - #1 ___ / ___ / ___
 1. U.S. Citizens - vaccination of 1 dose within the last 10 years
 2. International Students - vaccination of 3 doses within the past 10 years

International Students - Tuberculosis Screening

Must have regardless of history of BCG vaccine. A mandatory TB Mantoux skin test will be done at the University Health Clinic upon your arrival to campus. Chest X-rays may be required to determine treatments needs. All costs are the responsibility of the student.

Optional recommended Vaccines, but not required,

Hepatitis B Vaccine #1 ___ / ___ / ___ **#2** ___ / ___ / ___ **#3** ___ / ___ / ___
Hepatitis A Vaccine #1 ___ / ___ / ___ **#2** ___ / ___ / ___ **#3** ___ / ___ / ___
HPV #1 ___ / ___ / ___ **HPV #2** ___ / ___ / ___ **HPV #3** ___ / ___ / ___
Varicella Vaccine #1 ___ / ___ / ___

Health Provider (physician, school health professional or other health official verifying immunizations)

 Signature Title Date _____ Phone () _____