



CERTIFICATE OF COMPLIANCE WITH IMMUNIZATION REQUIREMENTS FOR INSTITUTIONS OF HIGHER LEARNING IN ILLINOIS
It is mandatory for students born on or after January 1, 1957 to document immunity to tetanus and diphtheria, measles, mumps, and rubella prior to registration.

Part I—To be completed by Student (Please Print)			
Family/Last/Surname	First Name	Student Identification Number (example: A20300000) A <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Age	Date of Birth (month/day/year) ____/____/____	Country of Birth	Semester of Entrance: Fall [] Spring [] Summer []
If found to be in violation of the IIT Code of Conduct, students may face sanctions including fines, service hours and restricted student status. I understand that I will be subject to the campus conduct process if the University determines that I have falsified immunization documents or forged signatures on any documentation. I authorize IIT to release this immunization record to the Illinois Department of Public Health (IDPH), or its designated representative, for compliance audits and in the event of a health or safety emergency.			
Student Signature: _____ Email: _____ Date: _____			
Part II—To be completed by Health Care Provider —Please Note: Medical exemptions require supporting documentation.			
MMR (Measles, Mumps, Rubella)			
Two doses required at least 28 days apart for students born after 1957. If vaccine dates are not available, immunity may be confirmed by blood titer. Laboratory copy with blood titer values or a reference range must be attached.			
MMR Dose 1 (given on or after the first birthday): ____/____/____ month/day/year		MMR Dose 2: ____/____/____ month/day/year	
If individual vaccines were received for Measles, Mumps, and Rubella, please complete the following dates (month/day/year):			
Measles (Rubeola) Vaccine #1: ____/____/____		Mumps Vaccine #1: ____/____/____	
Measles (Rubeola) Vaccine #2: ____/____/____		Mumps Vaccine #2: ____/____/____	
Rubella (German Measles) Vaccine #1: ____/____/____		Rubella (German Measles) Vaccine #2: ____/____/____	
Meningococcal (Meningitis)			
Beginning Fall term 2016-2017, all new admissions under the age of 22 shall show proof of having at least one dose of meningococcal conjugate vaccine on or after 16 years of age.			
#1 ____/____/____ month/day/year		#2 ____/____/____ month/day/year	
Td (Tetanus/Diphtheria), Tdap (Tetanus/Diphtheria/Acellular Pertussis), DTaP, DT, or DPT			
All students are required to have proof of one (1) adult dose of Tdap within the last 10 years .			
International students must provide a total of three (3) primary (childhood) doses of Td AND 1 dose of TD/TDaP within the last 10 years.			
#1 ____/____/____ month/day/year	#2 ____/____/____ month/day/year	#3 ____/____/____ month/day/year	Most Current Booster (given within past 10 years) ____/____/____ month/day/year
TB Blood Test (Tuberculosis) for International Students ONLY (Must be done within 2-4 weeks before arrival to the U.S.)			
Screening through Interferon-Gamma Release Assay (IGRA)—(QuantiferON Gold or T-SPOT). IGRA results must be attached. Results will not be accepted without proper documentation **IF positive IGRA , a Chest X-Ray is required.			
[] QuantiferON <u>or</u> [] T-SPOT		Date: ____/____/____ month/day/year	
Clinic Stamp/Seal Required	Signature of Health Care Provider Completing the above information		
	Provider's Signature/Title: _____		Date: _____
	Provider's Printed Name: _____		
	Address: _____		
Telephone: _____		Fax: _____	