

YOU COMPLETE ONLY THE INFORMATION IN THIS SECTION:
Name: _____ **Date of Birth** ____ / ____ / ____

Benedictine ID# _____ **Country of Birth** _____

YOUR HEALTH CARE PROVIDER COMPLETES THE INFORMATION IN THIS SECTION:

No physical exam is required. However, Illinois law requires that beginning with the Fall term 2016-2017, students who enroll at a post-secondary educational institution shall present to the designated record keeping office proof of immunity evidencing the following immunizations: 1) Diphtheria, Tetanus, Pertussis 2) Measles 3) Rubella 4) Mumps 5) Meningococcal Vaccine. Please provide month, day and year for each dose administered and provide signature of licensed health care provider OR include a copy of your immunization record, which you can obtain from your high school health office or childhood physician.

REQUIRED IMMUNIZATIONS *If you have no verification of your immunization history, you will need to be revaccinated.*

	Month	Day	Year	Month	Day	Year	Month	Day	Year
DPT (primary series of three) – Students shall provide dates of any combination of three or more doses of Diphtheria, Tetanus, and Pertussis containing vaccine. One dose must be Tdap vaccine. The last dose of vaccine (DPT, DTaP, DT, Td, or Tdap) must have been received within 10 years prior to the term of current enrollment.									
Tdap (tetanus – diphtheria acellular pertussis) One dose required within last 10 years.									
MMR – Two doses required after first birthday and at least one month apart. Also should be after 1968 or show proof of live vaccine given without gamma globulin.									
If MMR not given: list individually OR lab titers verified by doctor.									
Measles (Rubeola) – Two doses required both after first birthday and after 1968.									
Mumps – Two doses required after first birthday.									
Rubella (German Measles) – Two doses required after the first birthday. Diagnosis is not accepted.									
Meningitis/Meningococcal Conjugate – One dose given on or after 16 years of age. Required for individuals under the age of 22.									

NOT REQUIRED BUT RECOMMENDED

Hepatitis B series									
Varicella Vaccine									

When immunization dates are written on this form, verification with a doctor's signature and office stamp is required.

When including a copy of your high school health record, no further verification should be needed.

 _____ ____/____/____ OFFICE STAMP HERE:
 Signature of health care provider (M.D., D.O., R.N.) verifying immunization record Date

FOR OFFICE USE ONLY

Incomplete Information: _____ Complete Information: _____ Date ____ / ____ / ____

Student Notified: in person voicemail spoke with on phone postcard email

ALL HEALTH RECORDS MUST BE COMPLETE AND ON FILE IN STUDENT HEALTH SERVICES BEFORE THE FIRST DAY OF CLASS FOR THE SEMESTER
PRINT, SIGN AND RETURN THIS FORM TO: Student Health Services • Benedictine University - 5700 College Rd., Lisle, IL 60532
Fax: (630) 829-6035 • Phone: (630) 829-6046