

Student Immunization Fact Sheet & Instructions

MANDATORY FOR STUDENT REGISTRATION

SUBMISSION DEADLINES:

January 28 for students admitted for Spring 2015
September 4 for new students admitted for Summer and Fall 2015

The Illinois College Student Immunization Act (110-ILCS 20) states, in part, that all students born after January 1, 1957, and enrolled in on-campus classes are required to submit proof of immunity for tetanus/diphtheria, measles, mumps and rubella. Students not in compliance by the specified deadline dates will have a registration hold placed on their record and will be unable to register until they have fulfilled this requirement. Students who remain non-compliant will have a \$25 charge applied to their student account.

Required documentation:

- **Tetanus/Diphtheria:** provide three dates of the primary series and booster within the last ten (10) years. Tetanus Toxoid is NOT acceptable, per state law.
- **MMR* (Measles, Mumps, Rubella):** two doses after 12 months of age AND at least one month apart AND after January 1, 1968.
- *If **measles, mumps, or rubella** vaccines were given separately: two **measles** doses given after 12 months of age AND at least one month apart AND after January 1, 1968; one **mumps** dose after 12 months of age; one **rubella** dose after 12 months of age.
- The GSU immunization history form must be **legible** including the month, day and year. A healthcare provider must certify all dates **by signature** and must include an address and phone number for verification; electronic signatures or signature stamps are NOT acceptable.
- High school OR a prior college or university immunization record are acceptable, provided these records are properly certified (**signed by an appropriate healthcare provider**) and contain all the information on the Governors State University's immunization history form. Military records or verification from your primary physician's records are also acceptable.
- All laboratory evidence of immunity **must** have an attached lab report with your name, test date(s) and results. History of Rubella disease is NOT acceptable as proof of immunity.

Students who are **NOT US** citizens or permanent residents:

- Students born outside of the United States must provide proof of three (3) DTs and two (2) MMRs
- Must have had a Tuberculosis (TB) skin test within 12 months prior to arrival in the United States
- Any immunization/health records not in English must be legible and accompanied by a certified translation

The GSU Immunization history form is available at www.govst.edu/immunizations

Exemptions:

- You were born on or before January 1, 1957
 - You are enrolled in all online courses or an online degree program
 - You have a recent medical exemption (submit physician's written statement indicating the nature and probable duration of the condition, identifying the vaccine(s) that could be detrimental)
 - Religious exemption (submit written statement detailing the objection and specific religious belief that conflicts with the immunization) General philosophical or moral reluctance to immunizations will not be sufficient for an exemption.
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Notice about the Meningococcal Meningitis Vaccination:

Governors State University, consistent with the American College Health Association (ACHA) and Centers for Disease Control and Prevention – Advisory Committee for Immunization Practices, recommends that students consider the meningococcal meningitis vaccination to reduce their risk for potentially fatal meningococcal disease. For additional information, please refer to the index of the ACHA and the Centers for Disease Control and Prevention. This statement is intended to promote public health awareness and practices, and is in compliance with the Illinois Meningitis Information Law (110 ILCS 690/35-120).

Mail or fax your COMPLETED immunization history form to:

Governors State University
Academic Resource Center, B1215
1 University Parkway
University Park, Illinois 60484-0975
Phone: 708.235.7154
Email: immunizations@govst.edu
Fax: 708.235.3961

Where to obtain immunization vaccines:

**Riverside Medical Center
Immediate Care in Monee**
25711 S. Egyptian Trail
Monee, IL 60449
708.534.7523



GOVERNORS STATE UNIVERSITY
Mandatory Student Immunization History

Part 1: General information (to be completed by student)

Name (last, first, middle)	Birth Date mm/dd/yyyy	GSU ID #
Address	City / State	ZIP Code
Phone	Cell	Alternate
International Student* <input type="checkbox"/> Yes <input type="checkbox"/> No *Additional immunization requirements apply		
Semester entering GSU <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall, 20_____		
PRIVACY RIGHTS WAIVER: I AUTHORIZE Governors State University to release this immunization record to the Illinois Department of Public Health or its designated representative for compliance audits in accordance with Illinois Immunization Law. (Public Act 85-1315). This release also applies in the event of a health or safety emergency.		
Student Signature		Date

Part 2: Required immunizations (to be completed by healthcare provider)

A copy of your 9th grade physical (available at your high school) may be attached in place of completing this section. The following immunizations are required by law. All dates must include month/day/year, and be legible.

Tetanus/Diphtheria

Three doses of Diphtheria/Pertussis/Tetanus (DPT) in childhood and a booster of Tetanus/Diphtheria (Td) within last ten years.
Tetanus Toxoid (T.T.) NOT acceptable, per state law.

Dose 1 ___ / ___ / ___

Dose 2 ___ / ___ / ___

Dose 3 ___ / ___ / ___

Booster Dose 1 ___ / ___ / ___ (must be within last ten years)

MMR (Measles, Mumps, Rubella)

Two doses required, at least one month apart, after 12 months of age AND after 1/1/69.

Dose 1 ___ / ___ / ___

Dose 2 ___ / ___ / ___

If MMR was not given, list individual immunizations below.

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.

Dose 1 ___ / ___ / ___

Dose 2 ___ / ___ / ___

OR

2. Date disease diagnosed and certified by physician. ___ / ___ / ___

OR

3. Lab test proving immunity (attach lab report). ___ / ___ / ___

Rubella* (German Measles, or 3 day)

1. One dose required, after 12 months of age ___ / ___ / ___

OR

2. Lab test proving immunity (attach lab report). ___ / ___ / ___

*History of Rubella disease is NOT acceptable as proof of immunity.

Mumps

1. One dose required, after 12 months of age ___ / ___ / ___

OR

2. Date disease diagnosed and certified by physician. ___ / ___ / ___

OR

3. Lab test proving immunity (attach lab report). ___ / ___ / ___

**Healthcare provider's signature verifying above information or records with signature attached verifying information.
 Electronic Signature or signature stamp are NOT acceptable.**

Name /Title (print)	Signature	Date
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Address	Phone	— over —
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Student name: _____

(last, first, middle)

Part 3: Strongly recommended immunizations (to be completed by healthcare provider)

The following are optional immunizations, but are strongly recommended for all students.

Quanti-FERON TB-Gold (within past 12 months)

Lab test (attach lab report) Date ____ / ____ / ____

Has patient had a history of positive skin test? Yes No

Has patient received BCG? Yes No

Has patient received INH? Yes No

If "Yes" attach a supporting document.

Tuberculosis Skin Test (Within 12 months prior to arrival in the United States)

Date: ____ / ____ / ____ Results Negative Positive

Meningitis

- Meningitis is a serious disease that affects the brain and spinal cord and rapidly progresses to death if not diagnosed and treated.
- The Centers for Disease Control (CDC) recommends vaccination of unvaccinated college students, particularly those living in residence halls who are at an increased risk for meningitis.

- Meningococcal vaccine is available at Will County Health To schedule an appointment call: 815.740.8143

Dose 1: ____ / ____ / ____ Dose 2: ____ / ____ / ____

Menactra Menveo Meningococcal (unspecified)

Hepatitis B

Dose 1 ____ / ____ / ____

Dose 2 ____ / ____ / ____

Dose 3 ____ / ____ / ____

Varicella

Date of Disease ____ / ____ / ____

OR, Blood Titer ____ / ____ / ____

OR, Dose 1 ____ / ____ / ____

OR, Dose 2 ____ / ____ / ____

Flu Vaccine

Dose ____ / ____ / ____

Tdap Vaccine

(Tetanus/Diphtheria/Acellular Pertussis)

Dose ____ / ____ / ____

Healthcare provider's signature verifying above information or records with signature attached verifying information. Electronic Signature or signature stamp are NOT acceptable.

Name /Title (print) Signature Date

Address Phone

**Mail completed form To:
Governors State University
Academic Resource Center
Immunization Compliance
1 University Parkway
University Park, IL 60484-0975**

**Fax completed form to:
Academic Resource Center
FAX: 708.235.3961**