

THIS FORM IS FOR MEDICAL STUDENTS ONLY. All undergraduate students (including pre-med) and students in other graduate programs can locate the correct forms for their programs at: <http://www.northwestern.edu/healthservice-evanston/new-incoming-students/entrance-health-requirements/index.html>

Important Instructions – Please read prior to completing this form.

1. Student should complete Part I of this form.
2. Provide proof of immunization by submitting **ONE** of the following:
 - PART II: REQUIRED IMMUNIZATIONS (page 2) completed, signed and dated by a healthcare professional **with required lab reports attached for Measles, Mumps, Rubella, Hepatitis B, Varicella and QuantiFERON TB Gold blood test, and if required, a Chest X-ray report OR**
 - Submit a copy of your immunization record from your physician, former high school or university or other official immunization record, such as immigration paperwork, which lists all required immunizations, **in addition to required lab reports for Measles, Mumps, Rubella, Hepatitis B, Varicella and QuantiFERON TB Gold blood test, and if required, a Chest X-ray report.**
3. For detailed information about our Entrance Health Requirements, visit the Evanston Campus Health Service website at: <http://www.northwestern.edu/healthservice-evanston/new-incoming-students/entrance-health-requirements/index.html>
4. Despite vaccination, it is not uncommon for a titer to be negative. If your first titer for any of the diseases is negative, you will need to complete an additional vaccination and repeat the titer 4-6 weeks later. **Submit the form and all supporting documents, including the negative lab report/s and proof of any additional vaccination/s by the June 15 deadline. You will then be granted an extension to complete the repeat titer/s when due.**
5. **DEADLINE: This form and proof of immunizations, including laboratory reports, should be submitted to the Evanston campus Health Service by June 15.**
6. **CLINICAL ACTIVITIES:** Students who have not provided all required documentation by the start of classes may be unable to participate in clinical activities until all documentation is received by Health Information Management Services. **Consequently, complete all required lab work by the June 15 deadline to allow sufficient time to repeat vaccinations and titers, if necessary.**
7. **Mail completed form and all required supporting documentation to:** Northwestern University Health Service, Health Information Management Services, 633 Emerson St., Evanston, IL 60208
8. **Confirmation:** Your Northwestern email address will be used to communicate completion of admission health requirements or any immunization deficiencies.
9. **PENALTIES: In addition to being unable to participate in clinical activities the first week of classes, students who fail to submit the completed Admission Health Record, including proof of immunization and all required lab reports by Aug 31 will be:**
 - Assessed a non-refundable \$100 late fee and
 - Have a registration hold placed on their account.

PART I: Student Information (Please print or type.)				
Last name	First name	Middle	Gender (Circle) M F	
Street Address	City	State/Country	Zip/Postal Code	
Phone number	Date of Birth (mm/dd/yyyy)	Student ID Number		

Northwestern University

PART II: REQUIRED IMMUNIZATIONS FOR MEDICAL STUDENTS

THIS PAGE MUST BE COMPLETED BY A HEALTHCARE PROVIDER (e.g. M.D., D.O., or Licensed Nurse), and include their name (printed), phone number, signature and date at the bottom, to be considered valid under Illinois State Law. All records must be submitted in English. A translation by a certified translator with copies of the original records is acceptable.

Student Name: _____ Student ID: _____ Date of Birth: _____

MEASLES (Rubeola), MUMPS & RUBELLA TITERS - Positive lab reports confirming immunity must be submitted to meet this requirement. Also provide vaccination dates if known.		
MEASLES	Date #1: ___/___/_____	Date #2: ___/___/_____
MUMPS	Date #1: ___/___/_____	Date #2: ___/___/_____
RUBELLA	Date #1: ___/___/_____	Date #2: ___/___/_____

TETANUS/DIPHTHERIA/PERTUSSIS (Tdap) • Must be within 10 years prior to entrance into University.	Date: ___/___/_____
---	---------------------

TETANUS/DIPHTHERIA SERIES – Td, DT, DTP, DTaP or Tdap meet the requirement. • MUST list 2 dates from primary series (usually done in childhood) or previous booster dates, excluding the date listed above. • Doses MUST be at least 28 days apart.	Date: ___/___/_____
	Date: ___/___/_____

TUBERCULOSIS TESTING: Complete ONE of the following: • QuantIFERON® TB Gold blood test: Must be completed in the USA on or after May 1 st of the year you enter the program. A copy of the lab report must be submitted. If the QuantIFERON® TB Gold blood test result is positive, a chest x-ray must also be completed and attached to the result; you will also be required to meet with a Health Service physician after you are on campus. <p style="text-align: center;">OR</p> • History of positive QuantIFERON TB Gold blood test: Submit Chest X-ray performed in the USA on or after March 1 st of the year you enter the program. If available, also include historical positive Tuberculosis test result and if applicable, treatment records. STUDENTS ARRIVING FROM OTHER COUNTRIES in need of a TB test and/or Chest X-Ray have until 30 days after the start of classes to complete without incurring penalty. TB Tests and x-rays from other countries will not be accepted and will be repeated at the student's expense. Please call the Evanston Campus Health Service at 847-491-2204 or Chicago Campus at 312-695-8134 to schedule an appointment <u>after arriving on campus</u> .

HEPATITIS B TITER (Surface Antibodies) – A positive lab report confirming immunity must be submitted to meet this requirement. Also list vaccination dates if known. If your titer did not prove immunity (negative or equivocal) or you just started the vaccination series, list dates of all vaccinations completed to date. Date #1: ___/___/_____ Date #2: ___/___/_____ Date #3: ___/___/_____
--

VARICELLA (Chicken Pox) TITER - A positive lab report confirming immunity must be submitted to meet this requirement. Also list dates of vaccinations or date of illness if known. Date #1: ___/___/_____ Date #2: ___/___/_____ Date of illness: ___/___/_____

Healthcare Provider: By signing below, you attest that all information supplied in this section is true and correct to the best of your knowledge.

Name and title of Provider (printed): _____

Address:

Signature of Provider: _____ Date: ___/___/_____

Phone Number: (_____) _____

Exemptions: If you feel that you are exempt from vaccination requirements based on a medical contraindication, religious belief, or pregnancy, contact Health Information Management Services at the Northwestern Health Service at 847-491-2203 to discuss the required procedure and documentation.