

THIS FORM IS FOR PHYSICIAN ASSISTANT 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 Notes – 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 by a healthcare professional **with required lab reports attached for Measles, Mumps, Rubella, Hepatitis B, Varicella and QuantiFERON TB Gold blood test.** This page must be signed and dated by the healthcare professional to be valid, **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, 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 July 1 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 April 1. Tuberculosis test result may be submitted after this date.**
6. **Mail to:** Northwestern University Health Service, Health Information Management Services, 633 Emerson St., Evanston, IL 60208
7. **Confirmation:** Your Northwestern email address will be used to communicate completion of admission health requirements or any immunization deficiencies.
8. **Students who fail to submit the completed Admission Health Record, including proof of immunizations or fail to rectify deficiencies within 30 days after the start of classes will be:**
 - Assessed a non-refundable \$100 late fee and
 - In accordance with Illinois State law, barred from class registration for subsequent terms until compliant.

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		

STUDENTS WHO USE THE CHICAGO CAMPUS HEALTH SERVICE TO RECEIVE A VACCINE OR TEST TO FULFILL HEALTH REQUIREMENTS MUST SUBMIT DOCUMENTATION TO THE EVANSTON CAMPUS HEALTH SERVICE!

Northwestern University

PART II: REQUIRED IMMUNIZATIONS FOR PHYSICIAN ASSISTANT 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 – Positive quantitative 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: ___/___/____

<p>TETANUS/DIPHTHERIA/PERTUSSIS (Tdap)</p> <ul style="list-style-type: none"> • Must be within 10 years prior to entrance into University. 	<p>Date: ___/___/____</p>
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<p>TETANUS/DIPHTHERIA SERIES – Td, DT, DTP, DTaP or Tdap meet the requirement.</p> <ul style="list-style-type: none"> • 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. 	<p>Date: ___/___/____</p> <p>Date: ___/___/____</p>
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TUBERCULOSIS TESTING: Complete **ONE** of the following:

- **QuantiFERON® TB Gold blood test:** Must be completed in the USA on or after April 1st 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.

OR

- **History of positive Tuberculosis test:** Submit Chest X-ray performed in the USA on or after April 1st of the year you enter the program. If available, also include historical positive Tuberculosis test result and if applicable, treatment records.

Due to the limited timeframe of the Tuberculosis testing requirement, please submit all other requirements prior to April 1st and submit the TB testing result, separately, at a later date.

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 after arriving on campus.

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 quantitative 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): _____

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

Phone Number: (____) _____

Address:

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.