



STUDENT IMMUNIZATION FORM
Kellogg Executive MBA
Evening/Weekend MBA

Deadline for submitting proof of immunization

Fall Entrants	Winter Entrants	Spring Entrants	Summer Entrants
August 1	December 1	March 1	June 1

Instructions – Please read ALL steps listed below prior to completing this form.

- Student Information**– Complete the demographic section below and sign at the bottom of page 2.
- Proof of Immunization** – Most of the required vaccinations were completed in childhood, so obtaining a copy of your childhood vaccination record is recommended. High schools typically archive immunization records for decades and are often the best source of childhood vaccinations. You may provide proof of immunization by **ONE** of the following:
 - Having a healthcare professional from any country complete, sign and date the “Required Immunization” section on the next page, or by
 - Submitting a copy of your immunization record from a physician, former high school or university, State immunization registry, immigration paperwork, military record or other official immunization record.
- If you have no vaccination record for Measles, Mumps or Rubella (MMR)** – You may complete blood tests to prove immunity to Measles, Mumps and Rubella or be revaccinated with 2 doses of MMR, one month apart. An extension will be granted to complete the 2nd dose after the deadline, when needed.
- If you have no vaccination record for Tetanus/Diphtheria/Pertussis (DPT, Td, Tdap)** - Revaccination is the only option. Proof of a total of three doses is required. Typically, the first two dates listed would be from your childhood DPT series and the final dose would be a Tdap completed within 10 years prior to entrance. However, if no childhood records are available, your healthcare provider may list the approximate dates for two of your childhood DPT series as dose #1 and #2. Since a booster vaccination is completed every 10 years, prior adult vaccinations may also be listed for one, two or all three of the doses. Also, one of the three dates listed must be a Tdap and one must have been completed in the last 10 years. An extension will be granted to complete the series after the deadline, when needed.
- Penalties** – Students who fail to submit proof of immunization **by 30 days after the start of classes** will be:
 - Assessed a non-refundable \$100 late fee
 - Barred from class registration for subsequent terms until compliant in accordance with Illinois law
- Submit documentation** – Preferred method: submit your documentation online by going to the Health Service Evanston website at <https://www.northwestern.edu/healthservice-evanston/index.html>. Click on the Personal Health Portal (PNC) link and enter your net ID and password which you also use for CAESAR. You will then need to enter your 7 digit student ID number from your Wildcard or CAESAR. Select "immunization Upload" from the list on the left side of the page to upload your documentation. If you are not able to upload your record, you may MAIL to: Northwestern University Health Service, Health Information Management Service, 633 Emerson Street, Evanston, IL 60208, FAX to: 847-491-8699, or E-MAIL to hims@northwestern.edu.
- Confirmation** – Your Northwestern email address will be used to communicate completion of admission health requirements or any immunization deficiencies.

STUDENT AND ACADEMIC INFORMATION

_____	_____	_____	_____
Last name	First name	Middle	Preferred name
_____	_____	Sex: ___ Female ___ Male	
Date of Birth (mm/dd/yyyy)	Student ID (7 digit number - NO LETTERS)		
First Term and year of enrollment (fill in last digit of year): Fall 202___ Winter 202___ Spring 202___ Summer 202___			

Northwestern University REQUIRED IMMUNIZATIONS

Students registered for two or more classes are required by Northwestern and Illinois law to submit proof of immunization. **THIS PAGE MUST BE COMPLETED BY A HEALTHCARE PROVIDER from any country (e.g. doctor or nurse)**, and include their printed name, 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. Vaccination dates should be listed in month/day/year format.

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

Students born prior to 1/1/1957 are NOT required to submit immunization records - enclose a copy of your driver's license instead of this page.

M-M-R (COMBINED Measles, Mumps, Rubella) vaccination (2 doses required). • If given individually, complete section below instead.	Dose #1 (on or after 1 st birthday AND after 1/1/68): ____/____/____ (mm/dd/yyyy)
	Dose #2 (at least 28 days after dose #1): ____/____/____ (mm/dd/yyyy)

MEASLES (Rubeola) 2 doses required. Both must be done on or after 1 st birthday, after 1/1/68, and at least 28 days apart. Dose #1: ____/____/____ Dose #2: ____/____/____ OR - Attach copy of lab report (titer) confirming immunity (antibodies).	MUMPS 2 doses required. Both must be done on or after 1 st birthday, and at least 28 days apart. Dose #1: ____/____/____ Dose #2: ____/____/____ OR - Attach copy of lab report (titer) confirming immunity (antibodies).	RUBELLA (German Measles) 2 doses required. Both must be done on or after 1 st birthday, and at least 28 days apart. Dose #1: ____/____/____ Dose #2: ____/____/____ OR - Attach copy of lab report (titer) confirming immunity (antibodies).
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TETANUS/DIPHTHERIA/PERTUSSIS - 3 doses of DTP, DTaP, Td, DT or Tdap are required; please list dates in boxes below.

- The first 2 doses **MUST** be at least 28 days apart.
- The 3rd dose **MUST** be completed within **10 years** prior to entrance into University and at least 6 months after last primary series vaccination.
- One dose MUST be a Tdap**, which is a vaccination only given to adolescents and adults; it is not given to infants or children.

<input type="checkbox"/> DTP/DTaP <input type="checkbox"/> Td <input type="checkbox"/> Tdap Dose #1: ____/____/____	<input type="checkbox"/> DTP/DTaP <input type="checkbox"/> Td <input type="checkbox"/> Tdap Dose #2: ____/____/____	<input type="checkbox"/> DTP/DTaP <input type="checkbox"/> Td <input type="checkbox"/> Tdap Dose #3: ____/____/____
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There are many ways to request records — through your doctor, clinic, providers, or through a State or County Public Health Immunization board/Immunization Information Systems (IIS). The following link will take you to the CDC website for links to the Immunization Information Systems of all 50 US states + US territories . <https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html>

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: (____) _____

STUDENT SIGNATURE (REQUIRED)

Please sign and date below. By signing you are certifying that all information supplied is correct to the best of your knowledge.

Signature

Date