STUDENT IMMUNIZATION FORM
Kellogg Executive MBA
Evening/Weekend MBA

Deadline for submitting proof of immunization

<table>
<thead>
<tr>
<th>Fall Entrants</th>
<th>Winter Entrants</th>
<th>Spring Entrants</th>
<th>Summer Entrants</th>
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<tbody>
<tr>
<td>August 1</td>
<td>December 1</td>
<td>March 1</td>
<td>June 1</td>
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Instructions – Please read ALL steps listed below prior to completing this form.

1. **Student Information** – Complete the demographic section below and sign at the bottom of page 2.

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.

3. **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.

4. **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.

5. **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

6. **Submit documentation** – Preferred method: submit your documentation online by going to the Evanston campus Student Health Service website at [https://www.northwestern.edu/healthservice-evanston/index.html](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 need to enter your 7-digit student ID number with no letters 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 FAX to: 847-491-8699, or E-MAIL to hims@northwestern.edu. If you do not have access to a fax machine or a computer you may MAIL to: Health Information Management Services, 633 Emerson Street, Evanston, IL 60208.

7. **Confirmation** – Your @northwestern.edu email address will be used to communicate completion of immunization requirements or any immunization deficiencies once your records are processed by our team.

STUDENT AND ACADEMIC INFORMATION

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle</th>
<th>Preferred name</th>
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**Gender** (Circle): Female  Male  Non-binary

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Student ID (7-digit number - NO LETTERS)</th>
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**First Term and year of enrollment (fill in last digit of year):**  Fall 202___  Winter 202___  Spring 202___  Summer 202_____

Revised 7/2023
**Northwestern University REQUIRES 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.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID:</th>
<th>Date of Birth:</th>
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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.

**MEASLES (Rubeola)**
- 2 doses required. Both must be done on or after 1st 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 1st 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 1st birthday, and at least 28 days apart.
  - **Dose #1**: ____/____/_______
  - **Dose #2**: ____/____/_______
  - OR - Attach copy of lab report (titer) confirming immunity (antibodies).

**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.

- ☐ DTP/DTaP  ☐ Td  ☐ Tdap
- **Dose #1**: ____/____/_______
- **Dose #2**: ____/____/_______
- **Dose #3**: ____/____/_______

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](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