



STUDENT IMMUNIZATION FORM

HEALTHCARE programs

Communication Science & Disorders • Genetic Counseling • Prosthetic-Orthotic

Deadline for Mailing the Student Immunization Form

Students accepted after the term deadline listed below have 30 days from date of acceptance to complete this form.

Fall Entrants	Winter Entrants	Spring Entrants	Summer Entrants
July 1	December 1	March 15	May 1

Important Notes – Please read prior to completing this form.

- Student should complete PARTS I, III and IV of this form. Exceptions are noted at the top of page 3.
- Provide proof of immunization by submitting **ONE** of the following:
 - PART II: REQUIRED IMMUNIZATIONS (page 2) completed by a healthcare professional **with required lab report attached for Hepatitis B**. 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 the required lab report for Hepatitis B surface antibodies and TB testing result.**
- No Immunization Record** – If you have no immunization records, you have the option to complete blood tests to prove immunity to Measles, Mumps, Rubella and Varicella or be re-vaccinated; blood work is required for Hepatitis B. Vaccination is the only option for the Tetanus/Diphtheria/Pertussis requirement and an extension may be granted to complete the three dose series after the deadline, when necessary.
- Submit documentation** – Preferred method: **submit your documentation online by going to the Evanston Student Health Service website at <https://www.northwestern.edu/healthservice/evanston/index.html>**. Click on the Personal Health Portal link and enter your net id and password which you also use for [Blackboard](#). You will then need to enter your student number (no letters from your ID card or [E-MAIL](#) address). Select immunization record 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** 773-491-6333 or **MAIL** to **633 E. IL 62**.
- Confirmation:** Your [@northwestern.edu](mailto:yourname@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.
- Students who fail to submit the completed Student Immunization Form, 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**.
- Questions** – For detailed information, visit the New Students tab on the Evanston campus Health Service website: <http://www.northwestern.edu/healthservice-evanston/new-incoming-students/entrance-health-requirements/index.html>

PART I: Student Information (Please print or type.)			
Last name _____		First name _____	
		Sex (Circle) M F	
Phone number _____	Date of Birth (mm/dd/yyyy) _____	Student ID Number _____	
First term and year of enrollment (fill in last digit of year): Fall 202__ Winter 202__ Spring 202__ Summer 202__			

<p>Please indicate your specific graduate healthcare program:</p> <p><input type="checkbox"/> Communication Science & Disorders, excludes MSC*</p> <p><input type="checkbox"/> Genetic Counseling</p> <p><input type="checkbox"/> Prosthetic-Orthotic</p> <p>*MSC students complete the Student Immunization Form for Non-Healthcare students.</p>	<p>UNDERGRADUATE STUDENTS DO NOT COMPLETE THIS FORM!</p> <p>ALL UNDERGRADUATE STUDENTS (including PRE-MED) must complete the Student Immunization Form for Non-Healthcare Students. This form is available at https://www.northwestern.edu/healthservice-evanston/new-students/immunization-requirements/non-healthcare-students/index.html.</p>
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Northwestern University
PART II: REQUIRED IMMUNIZATIONS
GRADUATE OR PROFESSIONAL-LEVEL HEALTHCARE PROGRAM, EXCEPT MEDICAL, PA AND PT

All students registered for 2 or more classes are required by Northwestern and Illinois law to submit proof of immunization. If included, **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. Vaccination dates should be listed in month/day/year format.

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

M-M-R COMBINED Measles, Mumps, Rubella - 2 doses required. If given separately, complete sections below instead. • If given individually, complete section below instead.	Dose #1 (after 1 st birthday AND after 1/1/68): ____/____/____ (mm/dd/yyyy)	
	Dose #2 (at least 28 days after dose #1): ____/____/____ (mm/dd/yyyy)	
<p style="text-align: center;">MEASLES (Rubeola)</p> 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).	<p style="text-align: center;">MUMPS</p> 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).	<p style="text-align: center;">RUBELLA (German Measles)</p> 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).

TETANUS/DIPHTHERIA/PERTUSSIS - 3 doses of Td, DT, DTP, DTaP or Tdap are required. <ul style="list-style-type: none"> 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. 		
<input type="checkbox"/> DTP/DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> Td Dose #1: ____/____/____	<input type="checkbox"/> DTP/DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> Td Dose #2: ____/____/____	<input type="checkbox"/> DTP/DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> Td Dose #3: ____/____/____

TUBERCULOSIS TESTING: Complete ONE of the following: <ul style="list-style-type: none"> TB skin test (PPD): Healthcare Provider must record date placed, date read and result. Interferon-Gamma Release Assay (IGRA): Includes QuantiFERON® TB Gold and T-SPOT blood tests. A copy of the lab report must be attached. Testing must be performed in USA and within 6 months of entrance into the University. If TB test is positive (>=10mm PPD or positive IGRA) a report from a chest x-ray done in the USA and within 6 months prior to entrance into Northwestern must be attached AND you will be required to meet with a Health Service physician after arrival. 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 at the Evanston or Chicago Health Service without incurring penalty.	Placed: ____/____/____ Read: ____/____/____ Result: _____ (millimeters)
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HEPATITIS B TITER (Surface Antibodies) – A positive lab report confirming immunity must be submitted to meet this requirement. Vaccination dates alone are NOT sufficient proof, although, may be provided 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.	Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3: ____/____/____
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VARICELLA (CHICKEN POX) Submit proof of immunity by supplying a lab report confirming immunity, <u>OR</u> physician's documentation of date of illness, <u>OR</u> proof of 2 vaccinations done at least 28 days apart.	Dose #1: ____/____/____ Dose #2: ____/____/____ Date of illness: ____/____/____
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COVID-19 Vaccinations • MUST list at least 2 dates from primary series			
Date #1: ____/____/____	Vaccine Name : _____	Date #3: ____/____/____	Vaccine Name : _____
Date #2: ____/____/____	Vaccine Name : _____	Date #4: ____/____/____	Vaccine Name : _____

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: (____) _____

PART III: 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 _____

PART IV: TREATMENT/SHARING OF MEDICAL INFORMATION OF MINORS (UNDER AGE 18 YEARS)

As the parent/guardian of my minor (under 18 years of age) son or daughter, I hereby authorize:

- 1) The sharing/exchange of relevant medical information between Northwestern University representatives (officials, faculty, staff), Northwestern University Student Health Service, and, for the purpose of diagnosis and/or treatment, other medical providers. Each of the above individuals or entities is also authorized to communicate and discuss health matters with the parents/guardians/emergency contacts of my minor child.
- 2) The transportation of my minor child, under appropriate circumstances, to area hospitals for diagnosis and treatment.
- 3) The provision, by the Northwestern University Student Health Service, of such diagnostic, therapeutic, voluntary immunization, and operative procedures as may be deemed necessary for my minor child.

Any and all related expenses will be the responsibility of the student and/or parent/guardian.

Student's Signature: _____ Date: _____

Signature of parent/guardian: _____ Relationship: _____ Date: _____