



# STUDENT IMMUNIZATION FORM

## MEDICAL STUDENTS

**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 report for **Hepatitis B surface antibodies** and **QuantiFERON TB Gold blood test**, and if required, a **Chest ray report**  
**OR**
  - Submit a copy of your immunization record/s 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 report for **Hepatitis B surface antibodies** and **QuantiFERON TB Gold blood test**, and if required, a **Chest X-ray report**.
3. For detailed information about our immunization requirements, visit the Evanston Student 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 Hepatitis B is negative, you will need to complete an additional Hepatitis B vaccination and repeat the titer 4-6 weeks later. Submit the form and all supporting documents, including the negative lab report 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 Health Information Management Services at the Evanston Student Health Service by **June 15** to allow for any follow-up for any deficiencies.
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. **Submit documentation – E-MAIL** to [hims@northwestern.edu](mailto:hims@northwestern.edu) or **FAX** to: 847-491-8699.  
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.
8. **Confirmation:** Your [@northwestern.edu](mailto:@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.
9. **Penalties -** 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 both:
  - Assessed a non-refundable \$100 late fee
  - Barred from class registration for subsequent terms until compliant, in accordance with Illinois State law.

### PART I: Student Information (Please print or type.)

Last name			First name	Middle	Gender (circle) Female Male Non-binary
Phone number		Date of Birth (mm/dd/yyyy)		Student ID (7-digit number • <b>NO LETTERS</b> )	

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 • Positive lab reports or vaccination dates will meet this requirement.**

**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<sup>st</sup>** 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 QuantIFERON TB Gold blood test:** Submit Chest X-ray performed **in the USA on or after March 1<sup>st</sup>** 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 Student Health Service at 847-491-2204 or Chicago campus Student Health Service 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Date #4:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**VARICELLA (Chicken Pox) • A positive lab report or vaccination dates will meet this requirement.**

**Date #1:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Date #2:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**COVID-19 Vaccinations • MUST list at least 2 dates from primary series** (submit documentation if you have more than 4 doses)

**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:** (\_\_\_\_) \_\_\_\_\_

**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 847-491-2117 to discuss the required procedure and documentation.

## 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: \_\_\_\_\_