

STUDENT IMMUNIZATION FORM

for students in **HEALTHCARE** programs, **except Medical, PA and PT students**

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 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 revaccinated; blood work is required for Hepatitis B. Revaccination 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 Health Service Evanston website at <https://www.northwestern.edu/healthservice-evanston/index.html>. Click on the Personal Health Portal link under **Access Care** 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 immunization requirements or any immunization deficiencies.
- 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: <https://www.northwestern.edu/healthservice-evanston/index.html>

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

_____ **Gender (Circle) M F**

Last name _____ First name _____

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__

Please indicate your specific graduate healthcare program:

Communication Science & Disorders, excludes MSC*

Genetic Counseling

Prosthetic-Orthotic

*MSC students complete the Student Immunization Form for Non-Healthcare students.

UNDERGRADUATE STUDENTS DO NOT COMPLETE THIS FORM!

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>.

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: _____

<p>M-M-R COMBINED Measles, Mumps, Rubella - 2 doses required. If given separately, complete sections below instead.</p> <p>• If given individually, complete section below instead.</p>	<p>Dose #1 (after 1st birthday AND after 1/1/68): ____/____/____ (mm/dd/yyyy)</p> <p>Dose #2 (at least 28 days after dose #1): ____/____/____ (mm/dd/yyyy)</p>
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<p style="text-align: center;">MEASLES (Rubeola)</p> <p>2 doses required. Both must be done on or after 1st birthday, after 1/1/68, and at least 28 days apart.</p> <p>Dose #1: ____/____/____</p> <p>Dose #2: ____/____/____</p> <p>OR - Attach copy of lab report (titer) confirming immunity (antibodies).</p>	<p style="text-align: center;">MUMPS</p> <p>2 doses required. Both must be done on or after 1st birthday, after 1/1/68, and at least 28 days apart.</p> <p>Dose #1: ____/____/____</p> <p>Dose #2: ____/____/____</p> <p>OR - Attach copy of lab report (titer) confirming immunity (antibodies).</p>	<p style="text-align: center;">RUBELLA (German Measles)</p> <p>2 doses required. Both must be done on or after 1st birthday, after 1/1/68, and at least 28 days apart.</p> <p>Dose #1: ____/____/____</p> <p>Dose #2: ____/____/____</p> <p>OR - Attach copy of lab report (titer) confirming immunity (antibodies).</p>
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TETANUS/DIPHTHERIA/PERTUSSIS - 3 doses of Td, DT, DTP, DTaP or Tdap are required.

- 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: ____/____/____
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<p>TUBERCULOSIS TESTING: Complete ONE of the following:</p> <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. <p>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.</p> <p>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.</p>	<p>Placed: ____/____/____</p> <p>Read: ____/____/____</p> <p>Result: _____ (millimeters)</p>
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<p>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.</p>	<p>Dose #1: ____/____/____</p> <p>Dose #2: ____/____/____</p> <p>Dose #3: ____/____/____</p>
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<p>VARICELLA (CHICKEN POX)</p> <p>Submit proof of immunity by supplying a lab report confirming immunity, OR physician's documentation of date of illness, OR proof of 2 vaccinations done at least 28 days apart.</p>	<p>Dose #1: ____/____/____</p> <p>Dose #2: ____/____/____</p> <p>Date of illness: ____/____/____</p>
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NOTE: Proof of COVID-19 vaccination is required for all Northwestern students. Please check your e-mail and/or visit <https://www.northwestern.edu/coronavirus-covid-19-updates/resources/frequently-asked-questions/vaccination-requirement-faqs.html> for information on submitting proof of COVID-19 vaccination to Northwestern.

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:

PART III: HEALTH HISTORY

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

EXCEPTION: Completion of the health history is only required for students who plan to use the Evanston Health Service for their healthcare needs. All other students may skip this health history section and proceed to the signature section below.

PLEASE CHECK YES OR NO (Y/N), PROVIDING SPECIFIC DETAILS TO ALL "YES" ITEMS TO THE BEST OF YOUR KNOWLEDGE.

Y	N	ITEM	DETAILS (list specific information)
		Allergies (any)	
		Will you be receiving allergy shots at the Evanston Health Service?	If you answer "Yes", please refer to the following link to print additional required forms: http://www.northwestern.edu/healthservice-evanston/medical-services/allergy-shots/index.html
		Adverse Medication Reaction	
		Current medications (prescription or other) If so, list frequency and length of time taken.	

ITEM	Y	N	YEAR	Check each item:	Y	N	YEAR
Alcohol or drug problems				Epilepsy/Seizure Disorder			
Appendectomy				Fractures/Broken Bones			
Asthma				Heart condition, disease, or murmur			
Attention Deficit/Hyperactivity Disorder				HIV test Positive or AIDS			
Cancer, leukemia, or lymphoma				High Blood Pressure			
Chicken Pox/Varicella				Migraine Headaches			
Cholesterol or lipid problems				Mononucleosis/Epstein-Barr Virus			
Concussion/Mild Traumatic Brain Injury				Sexually Transmitted Diseases			
Depression or Anxiety (specify)				Splenectomy			
Diabetes Mellitus				Tonsillectomy			
Eating Disorder/Anorexia/Bulimia				Transfusion of blood/blood product			
Emotional/Psychological problems				Viral Hepatitis (specify, e.g. A, B, C)			

Other surgical/medical condition not listed: _____

PART V: 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

Exemptions: If you feel that you are exempt from vaccination requirements based on a medical contraindication, religious belief, or pregnancy, please contact Health Information Management Services at the Northwestern Health Service at 847-491-2203 to discuss the necessary procedures and documentation.