

STUDENT IMMUNIZATION FORM for PHYSICIAN ASSISTANT STUDENTS

Important Notes – Please read prior to completing this form.

1. Provide proof of immunization by submitting **ONE** of the following:
 - **REQUIRED IMMUNIZATIONS** section on page 2 completed by a healthcare professional **with required lab reports attached for Measles, Mumps, Rubella, Hepatitis B, Varicella and QuantiFERON TB Gold blood test and if required, Chest X-ray report.** 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 required lab reports for Measles, Mumps, Rubella, Hepatitis B, Varicella and QuantiFERON TB Gold blood test, and if required, Chest X-ray report.**
2. Despite vaccination, it is not uncommon for a titer to be negative. If your first titer for any of the diseases is negative, you will need to complete an additional vaccination and repeat the titer 4-6 weeks later. **Submit the form and all supporting documents, including the negative lab report/s and proof of any additional vaccination/s by the May 1 deadline. You will then be granted an extension to complete the repeat titer/s when due and without penalty.**
3. **DEADLINE: This form and proof of immunizations, including laboratory reports, should be submitted to the Evanston campus Health Service by May 1.**
4. **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.
5. **Confirmation:** Your Northwestern email address will be used to communicate completion of immunization requirements or any immunization deficiencies.
6. **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.**
7. **Questions** – For detailed information, visit the New Students tab on the Evanston campus Health Service website: <https://www.northwestern.edu/healthservice-evanston/index.html>

Student Information (Please print or type.)				
Last name		First name	Middle	Gender (Circle) M F
Date of Birth (mm/dd/yyyy)		Student ID Number		

Northwestern University
REQUIRED IMMUNIZATIONS FOR PHYSICIAN ASSISTANT STUDENTS

THIS PAGE MUST BE COMPLETED BY A HEALTHCARE PROVIDER (e.g. M.D., D.O., P.A. or Licensed Nurse), and include their name (printed), phone number, signature and date at the bottom, to be considered valid under Illinois State Law. Lab reports for Measles, Mumps, Rubella, Hepatitis B, Varicella and the QuantiFERON TB Gold blood test must also be included. All records must be in English.

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

MEASLES (Rubeola), MUMPS, RUBELLA – Positive quantitative lab reports confirming immunity must be submitted to meet this requirement. May provide vaccination dates if known.		
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 April 1st 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 Tuberculosis test:** Submit Chest X-ray performed in the USA on or after April 1st 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 Chicago Campus 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. May 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: ___/___/_____

VARICELLA (Chicken Pox) TITER - A positive quantitative lab report confirming immunity must be submitted to meet this requirement. May list dates of vaccinations or date of illness if known.		
#1: ___/___/_____	Date #2: ___/___/_____	Date of illness: ___/___/_____

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): _____	Address:
Signature of Provider: _____ Date: ___/___/_____	
Phone Number: (_____) _____	