Immunization Clarification

In order to register for classes at Eureka College, the Immunization form or the certificate of Child Health examination from the student’s high school or Public Department of Health, must be completed and in the possession of the Office of Student Life. A student cannot attend classes or participate in or practice for intercollegiate or intramural competition unless this record is on file in the Office of Student Life.

Because of Illinois State Department of Health requirements, it is important that these instructions be closely followed.

The Immunization Form is to be completed by a physician (or health care professional licensed to provide immunization verification). The actual signature of the health care provider is required. A signature stamp is not acceptable for proof of immunization. The certificate of Child Health examination from the student’s high school or Public Department of Health is acceptable for review by Eureka College. It is not necessary for students born before January 1, 1957 to demonstrate immunity.

**Diphtheria, Tetanus, Pertussis (DPT, DT, or Td vaccine):** Students shall provide dates of any combination of three or more doses of Diphtheria, Tetanus, and Pertussis containing vaccine. One dose must be Tdap vaccine. The last dose of vaccine (DTP, DTap, DT, td, or Tdap) must have been received within 10 years prior to the term of current enrollment. Receipt of Tetanus Toxoid (T.T.) vaccine is not acceptable in fulfilling this requirement.

**Measles:** Students shall provide documentation of receipt of two doses of live measles virus vaccine on or after the first birthday. The minimum time interval between each dose must have been at least four weeks (28 days). If either dose was received prior to 1968, proof must be provided that a live virus vaccine, without gamma globulin, was administered. Students who cannot provide proof of immunization may provide laboratory (serologic) evidence of measles immunity.

**Rubella:** Students shall provide documentation of receipt of two doses of live rubella virus vaccine on or after the first birthday. The minimum time interval between each dose must have been at least four weeks (28 days). Students who cannot provide proof of immunization may provide laboratory (serologic) evidence of rubella immunity.

**Mumps:** Students shall provide documentation of receipt of two doses of live mumps virus vaccine on or after the first birthday. The minimum time interval between each dose must have been at least four weeks (28 days). Students who cannot provide proof of immunization may provide laboratory (serologic) evidence of mumps immunity.

**Meningococcal vaccine:** Beginning Fall term 2016-1027, all new admissions under the age of 22 shall show proof of having at least one does of meningococcal conjugate vaccine on or after 16 years of age.

**TB Skin Test:** Required of all international students. Test must be within six months prior to entrance into Eureka College.
To be completed by a physician or health care professional

Student’s Name: ____________________________________________________________

Please provide the month, day, and year for every dose administered.

1. Diphtheria, Pertussis and Tetanus       ___/___/___  ___/___/___  ___/___/___
2. Tetanus Boosters                      ___/___/___  ___/___/___
3. Combined Measles/Mumps/Rubella (MMR)   ___/___/___  ___/___/___
4. Rubeola (Red Measles) Live Virus       ___/___/___
5. Mumps                                  ___/___/___
6. Meningococcal                          ___/___/___  ___/___/___  On or after 16 years of age
7. TB Skin Test                           ___/___/___  Required of International Students Only

Health Provider Signature(s)* Physician or Health Official Verifying that immunizations were given.

Signature: _______________________________________________ Date: ______________
Signature: _______________________________________________ Date: ______________

*A signature stamp is not acceptable for proof of immunization

1. Clinical diagnosis for Measles and Mumps is acceptable if verified by Physician, but not acceptable for Rubella.

   Measles ___/___/___  Mumps ___/___/___

2. Laboratory Confirmation of Measles or Rubella is acceptable. For Mumps, laboratory evidence is not acceptable.

   Disease: _______________________________________________ Date: ___/___/___
   Lab Result: ___________________________ Physician’s Signature: ___________________________