

Knox College Immunization Form

Name (Please print) _____ Birthdate _____

IMMUNIZATION: Please provide the month, day and year for every dose administered. The day and month are required to determine whether the vaccine was given after the minimum interval or age.

Section 1: Type of Vaccine	1	2	3	4	5
Diphtheria, Pertussis and Tetanus _____					
Diphtheria and Tetanus (Td) or (DT) _____					
Haemophilus Influenzae Type b (Hib) _____					
Oral Polio (Specify if IPV) _____					
Hepatitis B (HB) _____					
Combined Measles/Mumps/Rubella (MMR) _____					
Rubeola (Red Measles) Live Virus Vaccine _____					
Rubella (3 Day or German Measles) _____					
Mumps _____					
Other Vaccines _____					
TB Skin Test _____ <small>Mandated for child care facilities</small>					
<p>Section 2: Health provider signature (physician, school health professional or health official) verifying that immunizations were given.</p> <p>_____ Signature Date</p> <p>_____ Signature Date</p>					

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by a physician (M.D. or D.O.).

Measles (Rubeola) _____
Month Day Year

Mumps _____
Month Day Year

2. Laboratory confirmation of any disease is acceptable (except Mumps).

Disease _____

Month Day Year

Lab Result

Physicians Signature Date

IMMUNIZATIONS

The State of Illinois requires that **all** students who enroll in public or private colleges or universities provide proof of immunity against Diphtheria, Tetanus, Measles, Mumps, and Rubella.

According to the Illinois Department of Public Health:

“A student who enrolls at a post-secondary educational institution without providing proof of immunity shall be precluded from enrolling at that institution in a subsequent term unless the student provides proof of immunity acceptable to the designated record keeping office or is granted a medical or religious exemption by the institution.”

(Immunization Code Subpart B, Section 694.100, part e)

I have read and understand that I must supply Knox College with accurate records of immunity. Without complete records I will not be allowed to register for classes at Knox College.

Signature _____ Date _____