



Immunization Form

THIS SECTION TO BE COMPLETED BY THE STUDENT

Last Name	First	Middle	College ID Number
Home Address			Cell Phone
City/State/Country/Zip or Postal Code			Email Address
Date of Birth (mm/dd/yyyy)		Age	Date Completed

REMAINING SECTIONS TO BE COMPLETED BY A LICENSED PROVIDER

(Complete immunization documentation or attach signed physician/school immunization records)

Students born prior to 1/1/1957 are NOT required to submit immunization records — enclose a copy of your driver's license instead of this page.

<p>M-M-R (COMBINED Measles, Mumps, Rubella) vaccination (2 doses required).</p> <ul style="list-style-type: none"> If given individually, complete section below instead. 	<p>Dose #1 (on or after 1st birthday AND after 1/1/68): ____ / ____ / ____ (mm/dd/yyyy)</p> <p>Dose #2 (at least 28 days after does #1): ____ / ____ / ____ (mm/dd/yyyy)</p>
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<p>MEASLES</p> <p>2 doses required. Both must be done on or after 1st birthday, 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>MUMPS</p> <p>2 doses required. Both must be done on or after 1st birthday, 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>RUBELLA</p> <p>2 doses required. Both must be done on or after 1st birthday, 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 — Any combination of 3 or more doses of Diphtheria, Tetanus, and Pertussis containing vaccine (DTP, DTaP, Tdap)

- The first 2 doses **MUST** be at least 28 days apart.
- The 3rd dose **MUST** be completed within 10 years prior to entrance into college and at least 6 months after last primary series vaccination.
- One dose **MUST** be a Tdap, which is a vaccination only given to adolescents and adults; it is not given to infants or children.

<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"/> Tdap Dose #3: ____ / ____ / ____
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MENINGOCOCCAL CONJUGATE

- Required **ONLY** for students age 21 years or younger at the start of classes.
- MUST** have been completed at 16 years of age or older.

Date: ____ / ____ / ____

TUBERCULOSIS — Complete the Tuberculosis Self-Screening on page 3 to determine if tests are needed.

If your answers to the Tuberculosis Self-Screening instruct you to complete a TB test and you complete a PPD skin test, record the result here.

Date Placed: ____ / ____ / ____ **Date Read:** ____ / ____ / ____ **Result:** _____ (Millimeters)*

REQUIRED HEALTHCARE PROVIDER VERIFICATION		
Provider Name (print or stamp)	Signature	Date
Address		Phone

Exemptions: If you feel that you are exempt from vaccination requirements based on a medical contraindication, religious beliefs, or pregnancy, please contact Knox College Health Services at 309-341-7559 to discuss the necessary procedures and documentation

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

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)

Specifically, the following immunizations are required:

- **Diphtheria, Tetanus, Pertussis:** dates of any combination of three or more doses must be provided. (DTP, DTaP, DT, Td, or Tdap.) One of the doses must be Tdap vaccine and the last dose must have been received within 10 years prior to the first day of classes. The minimum time interval between the first and second dose must have been at least four weeks (28 days), with the third dose having been received at least six months after the second or last dose of the basic series.
- **Measles/Mumps/Rubella:** documentation of receipt of two doses of live measles, live mumps and live rubella (individual or combined vaccines), on or after your 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 measles, mumps, and rubella immunity.
- **Meningococcal:** one dose of meningococcal vaccine on or after 16 years of age for all entering students under the age of 22 is required. The new meningitis B vaccine does not fulfill this requirement.

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.

Student's Name (please print) _____

Signature _____ Date _____



Tuberculosis (TB) Screening Questionnaire

TO BE COMPLETED BY ALL INCOMING STUDENTS

Last Name	First	Middle	Date of Birth (mm/dd/yyyy)
Signature			Date Completed

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? Yes No

If yes, please list the country here: _____

- | | | | | |
|----------------------------------|---------------------------------------|----------------------------------|--------------------------|------------------------------------|
| Afghanistan | Comoros | Iraq | Namibia | Somalia |
| Algeria | Congo | Kazakhstan | Nauru | South Africa |
| Angola | Côte d'Ivoire | Kenya | Nepal | South Sudan |
| Anguilla | Democratic People's Republic of Korea | Kiribati | New Caledonia | Sri Lanka |
| Argentina | Democratic Republic of the Congo | Kuwait | Nicaragua | Sudan |
| Armenia | Djibouti | Kyrgyzstan | Niger | Suriname |
| Azerbaijan | Dominican Republic | Lao People's Democratic Republic | Nigeria | Swaziland |
| Bangladesh | Ecuador | Latvia | Northern Mariana Islands | Syrian Arab Republic |
| Belarus | El Salvador | Lesotho | Pakistan | Tajikistan |
| Belize | Equatorial Guinea | Liberia | Palau | Tanzania (United Republic of) |
| Benin | Eritrea | Libya | Panama | Thailand |
| Bhutan | Ethiopia | Lithuania | Papua New Guinea | Timor-Leste |
| Bolivia (Plurinational State of) | Fiji | Madagascar | Paraguay | Togo |
| Bosnia and Herzegovina | Gabon | Malawi | Peru | Tunisia |
| Botswana | Gambia | Malaysia | Philippines | Turkmenistan |
| Brazil | Georgia | Maldives | Portugal | Tuvalu |
| Brunei Darussalam | Ghana | Mali | Qatar | Uganda |
| Bulgaria | Greenland | Marshall Islands | Republic of Korea | Ukraine |
| Burkina Faso | Guam | Mauritania | Republic of Moldova | Uruguay |
| Burundi | Guatemala | Mauritius | Romania | Uzbekistan |
| Cabo Verde | Guinea | Mexico | Russian Federation | Vanuatu |
| Cambodia | Guinea-Bissau | Micronesia (Federated States of) | Rwanda | Venezuela (Bolivarian Republic of) |
| Cameroon | Haiti | Mongolia | Sao Tome and Principe | |
| Central African Republic | Honduras | Montenegro | Senegal | Viet Nam |
| Chad | India | Morocco | Serbia | Yemen |
| China | Indonesia | Mozambique | Sierra Leone | Zambia |
| China, Hong Kong SAR | | Myanmar | Singapore | Zimbabwe |
| China, Macao SAR | | | Solomon Islands | |
| Colombia | | | | |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, **CHECK** the countries or territories, above) Yes No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? Yes No

If the answer is YES to any of the above questions, Knox College requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent term.

If the answer to all of the above questions is NO, no further testing or further action is required.

*The significance of the travel exposure should be discussed with a health care provider and evaluated.