



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 align="center">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 align="center">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 align="center">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.

DTP/DTaP Tdap Td

Dose #1: ___/___/___

DTP/DTaP Tdap Td

Dose #2: ___/___/___

Tdap

Dose #3: ___/___/___

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: ___/___/___

COVID-19 VACCINATION

Moderna Pfizer Johnson & Johnson Other _____

Please upload a copy of your COVID vaccine card to your student portal.

Dose #1: ___/___/___ **Dose #2:** ___/___/___ **Booster (if due):** ___/___/___

TUBERCULOSIS If your answers to the Tuberculosis (TB) Screening Questionnaire (located on your student portal) instruct you to complete a TB test and you complete a PPD skin test, record the result here.

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

If your answers to the Tuberculosis (TB) Screening Questionnaire (located on your student portal) instruct you to complete a Quantiferon TB Gold blood test, please upload your test results with this completed form or email them to health@knox.edu.

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 _____