LEWIS UNIVERSITY
A Catholic and Lasallian University

# Incoming Student Immunization History

**Due to Health Services by: February 1st (spring semester) September 1st (fall semester)**

Name _____ Student ID Number _____

Date of Birth _____ Phone Number _____

Address: _____

Street address City State Country

**The following Illinois Department of Public Health college immunization requirements apply to all students registered for 6 or more credit hours per semester on the Romeoville Campus:**

**Tetanus-Diphtheria-Pertussis Requirement:**
Proof of a current Tdap vaccination received within the past 10 years *plus* at least two previous doses of DTP, DTaP, DT, Td, or Tdap (these can be childhood doses).
***A current Tdap vaccination must be kept on file with Health Services throughout attendance.*

**Measles – Mumps – Rubella Requirement:** *Individuals born before January 1, 1957 are exempt from this requirement.*
Proof of at least two doses of MMR vaccine after age one.
Students who cannot provide proof of immunization may submit laboratory evidence of immunity (titers); lab report must be submitted and include reference ranges.

**Meningococcal Conjugate (Men ACWY) Requirement:**
Proof of at least one dose received at age 16 or older for students age *21 and younger* on the first day of classes.

*Students not in compliance by the semester deadline will have a Health Services hold placed that prevents any schedule changes or future class registration until ALL requirements have been met. A non-refundable $50.00 Health Services fine will be applied to the account of any student who has not met the requirements by the end of the grace period.*
Additional information and resources can be found on the Health Services webpage: https://www.lewisu.edu/studentservices/health/healthservices/immunizations.htm

***Student ID number must be included on all records.***

| All sections below must be completed by a licensed healthcare provider. *Record date of each dose in Day/Month/Year format* | |
|---|---|
| **Tdap** – Must be a current dose received within the past 10 years<br>***A current dose must be kept on file with Health Services throughout attendance* | |
| **DTaP/Td** *Record at least 2 doses in addition to current Tdap*<br>*Childhood DTP series is acceptable* | |
| **MMR (Measles, Mumps, Rubella)** Record two doses received since age 1<br>*May submit proof of positive titer testing in lieu of vaccination dates. Document date of titer testing and attach lab report showing reference ranges.* | |
| **Meningococcal Conjugate Vaccine (MCV4)** *(students 21 and younger only)*<br>Record at least one dose at 16 years of age or older | |

**Licensed Healthcare Provider** (PLEASE PRINT CLEARLY OR STAMP)

Name_____Date_____

**Signature/Stamp**_____

Address/City/State_____

Telephone Number_____

**Health Services:**

**Phone: (815) 836-5455 Email: healthservices@lewisu.edu**