

**◆MUST BE COMPLETED AND RETURNED
BEFORE STUDENT IS ALLOWED TO REGISTER ◆**

Illinois law requires incoming new students to document immunity to measles, rubella, mumps and tetanus/diphtheria. The following rules will apply:

- 1) All dates must include month, day and year.
- 2) Part II: Proof of immunity may be provided by a copy of the student's "Certificate of Child Health Examination" from an Illinois high school which provides the complete information necessary to assure compliance with the act. The "Certificate of Child Health Examination" must be reviewed for compliance and attached to this form. Part III need not be completed.
- 3) Part III: must be completed and signed by a health care provider.*
- 4) All laboratory evidence of immunity must be accompanied by a copy of the laboratory report.
- 5) History of disease is not acceptable as proof of immunity for rubella.
- 6) All live virus vaccines must have been given on or after the first birthday.
- 7) Mumps titer is not acceptable as proof of immunity.
- 8) Only the following **EXEMPTIONS** will be accepted and statements must accompany this record:

***Medical Contraindications** -a written, signed and dated statement from a physician stating the specific vaccine contraindicated and duration or medical condition that contraindicates the vaccine(s).*

***Religious Exemption** - A written, signed and dated statement by the student (or parent/guardian if the student is a minor) describing his/her objection to immunization based upon bona-fide religious tenets or practice.*

***Pregnancy or Suspected Pregnancy** - a signed statement from a physician stating the student is pregnant or pregnancy is suspected.*

- 9) Anyone with a vaccine exemption may be excluded from the college/university in the event of a measles, rubella, mumps or diphtheria outbreak in accordance with public health recommendations.
- 10) All records not in English must be accompanied by a certified translation.

**Note: Physician licensed to practice medicine in all of its branches (M.D. or D.O.) local health authority, college or university health service or a Department recognized vaccine provider.*