

Student Immunization Record  
*Certificate of Compliance with Immunization Requirements  
for Institutions of Higher Education in Illinois*

- Illinois code requires all incoming students to document immunity to Measles, Mumps, Rubella and Tetanus/Diphtheria. Reference: <http://www.idph.state.il.us/rulesregs/77-0694.htm>
- **This form must be completed and returned to Chicago Theological Seminary prior to the student's first registration.**
  - Mail or hand deliver to: Faculty Assistant  
Chicago Theological Seminary  
1407 E. 60<sup>th</sup> Street  
Chicago, IL 60637
- **Failure to return a completed immunization record will result in restricted registration.**

**INSTRUCTIONS. PLEASE READ CAREFULLY:**

1. All dates **must** include MONTH and YEAR.
2. PART II **must** be completed and signed by a health care provider(s). A health care provider is a physician licensed to practice medicine in all of its branches (M.D. or D.O.), a Licensed Nurse, or a Public Health Official.
3. A copy of laboratory report(s) in English **must** accompany laboratory evidence of immunity for Measles, Mumps, and/or Rubella. **Translations** of non-English documents **must be certified**.
4. History of disease is **not** acceptable as proof of immunity for Rubella.
5. **Two (2) Measles (Rubeola) vaccines, separated by at least 30 days, are required.** Vaccines for measles must have been given after 1967. For vaccines given before 1968, proof must be submitted that a live-virus vaccine was administered.
6. Vaccines for Measles, Mumps, and Rubella must have been given after the student's first birthday.
7. All international (non-U.S. citizen status) students **must** provide (3) dose dates for Tetanus/diphtheria immunizations. The last dose **must** be within the last ten (10) years.
8. Exemptions from vaccine requirements may be made in the following circumstances:
  - **MEDICAL CONTRAINDICATIONS:** a written, signed, and dated statement from a physician stating the vaccine that is contraindicated, the nature, and duration of the medical condition that contraindicates the vaccine(s). This statement will not be accepted if it does not meet the standards of care at The University of Chicago Hospitals.
  - **RELIGIOUS EXEMPTION:** a written, signed, and dated statement provided by the church describing their objection based upon *bona fide* religious tenets or practice. Request for religious exemptions will be forwarded for review and **only** be granted by the Dean's office.
  - **PREGNANCY OR SUSPECTED PREGNANCY:** a signed statement from a physician stating the student is pregnant or pregnancy is suspected. Pregnancy exemptions are applicable only to Measles, Mumps, and Rubella requirements.
  - **AGE EXEMPTION:** persons born before January 1, 1957 are considered immune. Requirements may be met by the submission of a copy of the student's birth certificate, driver's license, or passport identifying the birthdate.

**Anyone with a vaccine exemption may be excluded from the Seminary in the event of a Measles, Mumps, Rubella or Diphtheria outbreak in accordance with public health law.**

**Part I – To Be Completed by Student**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Degree Program: \_\_\_\_\_ Term: \_\_\_\_\_

**Please read instructions on the reverse side carefully.**

**Part II – To Be Completed by Health Care Provider(s)\*  
ALL DATES MUST INCLUDE MONTH AND YEAR.**

**A. Measles (Rubeola):** (At least one of the following **must** be documented.)

- 1) a) **First** immunization with live attenuated virus (given on or after student’s first birthday), **AND**
- b) **Second** immunization with live attenuated virus (given at least 30 days after first immunization)
- 2) Immunity Confirmed by blood titer. (**Must attach** copy of laboratory test in English.)
- 3) Disease confirmed by Physician’s Records

**B. German Measles (Rubella):** (At least one of the following **must** be documented.)

- 1) Immunization with live attenuated virus (given on or after student’s first birthday)
- 2) Immunity Confirmed by blood titer. (**Must attach** copy of laboratory test in English.)

**C. Mumps:** (At least one of the following **must** be documented.)

- 1) Immunization with live attenuated virus (Given after 1967 and given on or after student’s first birthday).
- 2) Immunity Confirmed by blood titer. (**Must attach** copy of laboratory test in English.)
- 3) Disease confirmed by Physician’s Records

**D. Tetanus/Diphtheria:**

- 1) Primary series completed (at least two dose dates for international students).
- 2) Most recent tetanus booster. (Within last 10 years for ALL STUDENTS.)

( ) Dates of first immunization:  
\_\_\_\_\_

( ) Dates of second immunization:  
\_\_\_\_\_

( ) Dates of test:  
\_\_\_\_\_

( ) Dates of illness:  
\_\_\_\_\_  
\_\_\_\_\_

( ) Dates of immunization:  
\_\_\_\_\_

( ) Dates of test:  
\_\_\_\_\_

( ) Dates of immunization:  
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( ) Dates of test:  
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( ) Date of immunization  
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( ) Date of immunization  
\_\_\_\_\_  
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Provider Signature(s) \_\_\_\_\_

Provider Name(s) (please print) \_\_\_\_\_

Address(es) \_\_\_\_\_ City/State/Zip

\*\*Provider\*=Physician licensed to practice medicine in all of its branches (M.D. or D.O.), or Licensed Nurse, or a Public Health Official.