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

- **Illinois code requires all incoming on-campus students to document immunity.** *Reference*: http://www.ilga.gov/commission/jcar/admincode/077/07700694sections.html
- **This form must be completed and returned to Chicago Theological Seminary prior to the student's first registration.**

  Mail or hand deliver to:
  Admissions, Chicago Theological Seminary, 1407 E. 60th Street, Chicago, IL 60637
- **Failure to return a completed immunization record will result in restricted registration.**
- **For students without documented immunization records, a medical provider can do a blood draw (titer) to demonstrate MMR immunity. You must have a Tetanus/Diphtheria (Tdap) immunization within the last 10 years.**

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, a pharmacist or a Public Health Official.
3. For students demonstrating immunity by blood draw (titer), 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/diptheria immunizations. The last dose **must** be within the last ten (10) years.
8. All students **under the age of 22** must provide proof of having at least one dose of meningoccal conjugate vaccine on or after 16 years of age.
9. 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 student describing their objection on religious grounds. 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.
   - **FULLY ONLINE:** Students who study entirely online and do not **at any point** come to campus for a course are exempt.

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: _____Degree Program: _____ Term: _____

IF YOU BELIVE YOU ARE EXEMPT, PLEASE CHECK **ONE** OF THE FOLLOWING:

- ☐ I intend to study fully online, never taking a course on the CTS campus. I understand that if I do take an on-campus course, I will need to submit my immunization record at that time.
- ☐ I was born before January 1, 1957.
- ☐ I need another exemption (medical, religious, or pregnancy), and will provide additional documentation of my exempt status.

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) **OR**
2) Immunity Confirmed by blood titer. **(Must attach** copy of laboratory test in English.) **OR**
3) Disease confirmed by Physician's Records

( ) Dates of first immunization: _____
( ) Dates of second immunization: _____
( ) Dates of test: _____
( ) Dates of illness: _____

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) **OR**
2) Immunity Confirmed by blood titer. **(Must attach** copy of laboratory test in English.)

( ) Dates of immunization: _____
( ) Dates of test: _____

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). **OR**
2) Immunity Confirmed by blood titer. **(Must attach** copy of laboratory test in English.) **OR**
3) Disease confirmed by Physician's Records

( ) Dates of immunization: _____
( ) Dates of test: _____
( ) Dates of illness: _____

D. Tetanus/Diptheria:
1) Primary series completed (at least two dose dates for international students). **AND**
2) Most recent tetanus booster. (Within last 10 years for ALL STUDENTS.)

( ) Date of immunization: _____
( ) Date of immunization _____
( ) Date of immunization _____

E. Students Under 22 Only – Meningococcal conjugate
1) Dose of meningococcal conjugate vaccine on or after 16 years of age.

( ) Date of immunization:

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.