

**ATTENTION STUDENT:** Health Services accepts immunization history documentation in the form of official high school records, college records, military records, personal records and/or medical office records. As an alternate option, immunization dates can be transcribed onto this form by your healthcare provider.

FIRST AND LAST NAME OF STUDENT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STUDENT ID \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS, CITY, STATE, COUNTRY \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**IMMUNIZATION REQUIREMENTS**      Deadline Fall Semester: September 1      Spring Semester: February 1

- ✓ **Measles – Mumps - Rubella**  
 Two doses of MMR vaccine administered on or after the first birthday and at least 28 days apart  
**OR** two doses of live Measles vaccine, two doses of live Mumps vaccine and two doses of live Rubella vaccine administered on or after the first birthday and at least 28 days apart  
**OR** positive antibody titers indicating immunity to all three diseases (must include lab report with reference ranges)
- ✓ **Diphtheria –Tetanus - Pertussis**  
 Any combination of 3 or more doses of Diphtheria, Tetanus, and Pertussis containing vaccine.  
 The last dose of vaccine (DTP, DTaP, DT, Td, or Tdap) must have been received within 10 years prior to the term of current enrollment. \*One dose must be Tdap vaccine.
- ✓ **Meningococcal Conjugate Vaccine (MCV4)**  
 All new admitted students under age 22: at least one dose on or after 16 years of age. If received before the age of 16, a booster dose is required. Students who will be age 22 or older on the first day of class of the first semester enrolled are exempt from this requirement.

To be completed by licensed healthcare provider. All dates should be listed as MM/DD/YYYY

VACCINE	DOSE 1	DOSE 2
<b>MMR (Combined Measles, Mumps, Rubella)</b>		
Measles		
Mumps		
Rubella		
Tdap – Record at least one dose		
Td/DTP/DTaP – Record at least 2 additional doses		
Meningococcal Conjugate Vaccine (MCV4) One dose must be administered on or after 16 years of age		

Mail, e-mail, fax or hand deliver to:      Lewis University Center for Health and Counseling Services  
 One University Parkway (Unit #273)  
 Romeoville, Illinois 60446

Phone: (815) 836-5455      Fax: (815) 836-5047      [healthservices@lewisu.edu](mailto:healthservices@lewisu.edu)

Licensed Healthcare Provider (PLEASE PRINT CLEARLY OR STAMP)

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

