

Illinois Department of Health CERTIFICATE OF IMMUNITY

Part I - To be completed by student

Last name (please print) _____ First _____ Middle Initial _____

Date of birth ____/____/____ Sex ____ M ____ F

Home telephone # (____) _____ - _____ Beginning Semester ____ Fall ____ Spring Year ____

Part II - Attach a Copy of Certificate of Child Health Examination

If you can provide a copy of certificate of health examination to prove ALL immunizations DO NOT FILL OUT PART III.

I authorize **Garrett-Evangelical Theological Seminary** to release this immunization record to the Illinois Department of Public Health, or its designated representative for compliance audits and in the event of a health or safety emergency.

Student's Signature _____ Date _____

Part III - To be completed and signed by health care provider* All Dates Must Incl. MO/DAY/YR

Measles (Rubeola)

Disease confirmed by physician's records?
Immunity confirmed by blood titer?
Immunization with live virus vaccine?

Exemption?

✓YES

- Date of illness ____/____/____
 Date of test ____/____/____ (Attach copy of lab report)
 Dates of shots ____/____/____ ____/____/____
(Must include two dates)
 Attach physician's statement of contraindication.

Signature of Physician _____

Rubella (German Measles)

Immunity confirmed by blood titer?
Immunization with live virus vaccine?
Exemption?

- Date of test ____/____/____ (Attach copy of lab report)
 Date of shot ____/____/____
 Attach physician's statement of contraindication

Signature of Physician _____

Mumps

Disease confirmed by physician's record?
Immunization with live virus vaccine?
Exemption?

- Date of illness ____/____/____
 Date of shot ____/____/____
 Attach physician's statement of contraindication.

Signature of Physician _____

Tetanus/Diphtheria

Primary series completed?

Most recent booster? (Must be within last 10 yrs)
Exemption?

- Dates of shots ____/____/____ ____/____/____
(Must include two dates)

- Date ____/____/____
 Attach physician's statement of contraindication.

Signature of Physician _____

Part IV - Verification

Can be verified by health care provider or official designated record keeping office verifying information.

Name _____ Signature _____ Phone Number _____

*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.

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.
- 3) Part III: Must be completed and signed by a health care provider* if a Certificate of Child Health Examination described in Part II is not available.
- 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) 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.

- 8) 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.
- 9) 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.