



Dear University of Chicago Student,

The state of Illinois and the University of Chicago require students to have proof of immunity for certain diseases including:

- Measles (Rubeola), Mumps, Rubella (German Measles) -- proof of two doses required.
- Tetanus/ Diphtheria/Pertussis - proof of three doses required.
- Meningococcal for those under 22 years of age.

### IMMUNIZATION RECORD INSTRUCTIONS

1. Print the below form.

*Medical students, except visiting medical students, should submit the [Medical Student Immunization Form](#). Visiting medical students should follow the directions in the VSAS for uploading their immunizations.*

2. Complete the demographic (top) portion of the form.
3. Have the form filled by your physician, nurse or public health official. The form must be signed by the provider and should include the address and phone number of the office. You may also submit school immunization records, clinic records or other official documentation of your vaccination history. Please make sure that the record is in English; translations of non-English documents must be certified.
4. Upload your documents to the [University of Chicago's Immunization Portal](#). Click [here](#) for instructions for using the Immunization Portal.



**Students are required to provide documentation of the following vaccines:**

- **MEASLES, MUMPS, RUBELLA (MMR):**
  - Vaccines for MMR must be given on or after 12 months of age (on or after the student's first birthday).
  - Two (2) Measles (Rubeola) vaccines, separated by at least 28 days, are required.
  - For measles vaccines given before 1968, proof must be submitted that a live-virus vaccine was administered.
  - History of disease is not acceptable as proof of immunity for Rubella. Titers are required for proof of immunity in those who have a history of disease.
  - Students born on or before January 1, 1957 will not have to provide immunity for MMR
- **TETANUS/DIPHTHERIA/PERTUSSIS (DPT, DTP, DT, DTaP, Td or Tdap)**
  - All students must show proof of vaccination of three (3) dose dates for Tetanus/Diphtheria/Pertussis immunization
  - One dose must be a Tdap (tetanus, diphtheria and acellular pertussis) vaccine
  - One dose must have been given within 10 years of first date of Quarter.
- **MENINGOCOCCAL (Menactra MCV4, Menomune MPSV4, Menveo):**
  - Required for all new students under the age of 22
  - One dose must have been given on or after 16<sup>th</sup> birthday.

**Important Notes:**

- **Licensed healthcare provider** must complete the immunization form. A health care provider is: a physician licensed to practice (M.D. or D.O.), a Licensed Nurse, or a Public Health Official.
- **English:** All immunization forms and copies of laboratory reports must be submitted in English. Translations of non-English documents must be certified. It is acceptable to have an English translation of the documents certified as accurate by a member of the University community who is fluent in the document's original language.
- **Exemptions:** The following exemptions may be allowed. Anyone with a vaccine exemption may be excluded from the University/College in the event of a Measles, Mumps, Rubella or Diphtheria outbreak in accordance with public health law.
  - **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. Submit this statement to the SHCS [scimm@uchospitals.edu](mailto:scimm@uchospitals.edu) Student Health Service Immunization Program.
  - **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. Submit this statement to [scimm@uchospitals.edu](mailto:scimm@uchospitals.edu) the SHCS Student Health Service Immunization Program.
  - **Age exemption:** Persons born before January 1, 1957 are considered immune to Measles, Mumps, and Rubella. Requirements may be met by the submission of a copy of the student's birth certificate, driver's license, or passport identifying the birth date.
  - **Religious exemption:** a written, signed, and dated statement by the student detailing the student's objection to immunization on religious grounds. Request for religious exemptions will be forwarded for review and only be granted by the Registrar. Submit this statement to the University Registrar at [registrar@uchicago.edu](mailto:registrar@uchicago.edu).

Questions? Email [scimm@uchospitals.edu](mailto:scimm@uchospitals.edu) or call (773) 702-4156.



Student Immunization Record Form

Part I - Student Information

Student ID#: \_\_\_\_\_ First Quarter Attending: Fall / Winter / Spring / Summer
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parts II - IV are to be completed by a Healthcare provider. All dates must include MONTH, DAY, and YEAR.

Part II - Measles, Mumps, Rubella

Students born on or before January 1, 1957 will not have to provide immunity for MMR

MMR #1 Date of Vaccine \_\_\_ / \_\_\_ / \_\_\_ (must be given on or after 12 months of age/first birthday)

MMR #2 Date of Vaccine \_\_\_ / \_\_\_ / \_\_\_ (must be given at least 28 days after MMR #1)

- OR -

If individual vaccines were received for Measles, Mumps, and Rubella, please complete the

following: Measles (Rubeola) Vaccine Date of Vaccine # 1 \_\_\_ / \_\_\_ / \_\_\_

Date of Vaccine # 2 \_\_\_ / \_\_\_ / \_\_\_

Rubella (German measles) Vaccine Date of Vaccine # 1 \_\_\_ / \_\_\_ / \_\_\_

Date of Vaccine # 2 \_\_\_ / \_\_\_ / \_\_\_

Mumps Vaccine Date of Vaccine # 1 \_\_\_ / \_\_\_ / \_\_\_

Date of Vaccine # 2 \_\_\_ / \_\_\_ / \_\_\_

If proof of vaccine cannot be provided, a student must obtain a blood titer to confirm immunity of any of the above.

A copy of the laboratory test in English must be submitted.



Student ID#: \_\_\_\_\_ First Quarter Attending: Fall / Winter / Spring / Summer

**Part III - Tetanus/Diphtheria/Pertussis (DPT,DTP,DT,DTap,Td or Tdap)**

- All students must show proof of vaccination of three (3) dose dates for Tetanus/Diphtheria/Pertussis immunization
- One dose must be a Tdap (tetanus, diphtheria and acellular pertussis) vaccine
- One dose must have been given within 10 years of first date of Quarter
- Tetanus Toxoid vaccine is not acceptable in fulfilling this requirement

Date of Vaccine # 1 \_\_\_\_/\_\_\_\_/\_\_\_\_ DPT, DTP, DT, DTap, Td or Tdap

Date of Vaccine # 2 \_\_\_\_/\_\_\_\_/\_\_\_\_ DPT, DTP, DT, DTap, Td or Tdap

Date of Vaccine # 3 \_\_\_\_/\_\_\_\_/\_\_\_\_ DPT, DTP, DT, DTap, Td or Tdap

**Part IV - Meningococcal Vaccine (Menactra MCV4, Menomune MPSV4, Menveo or Meningococcal)**

- Required for all new students under the age of 22
- One dose must have been given on or after 16<sup>th</sup> birthday

Date of Vaccine \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Healthcare Provider Certification**

Provider(s) Signature: \_\_\_\_\_

Provider(s) Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_