



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)
- Tetanus/Diphtheria/Pertussis
- Meningococcal for those under 22 years of age

The deadline for submitting proof of immunizations is 1 week before the 1st day of the 1st quarter.

The Student Health Service (SHS) is available to help you obtain the vaccinations that you need. Please follow the steps below to start the process of becoming compliant with vaccination requirements:

1. Complete the Immunization Form below or obtain a copy of your vaccination record from your healthcare provider: a physician licensed to practice (M.D. or D.O.), a Licensed Nurse, or a Public Health Official. Please make sure that the record is in English; translations of non-English documents must be certified.
2. Determine what vaccinations you will need and make every effort to obtain them prior to arrival on campus. If you have questions about what you need, please ask your healthcare provider about the vaccinations mentioned above.
3. Submit a copy of your records to our Compliance Management System located on our website at <http://wellness.uchicago.edu/page/vaccinations-required-enrollment>
4. If you are unable to get the vaccinations before arriving, you will need to make an appointment with SHS. Please call SHS at 773-702-4156 and indicate that you need to make an appointment to get your vaccinations. Please bring a copy of your records for us to review.

Frequently asked questions:

- What is the cost of the vaccines?
 - The required vaccines, like MMR, Tetanus and Meningococcal are free of charge to you if you have paid the Student Life Fee (included in your tuition bill).
- What if I have some but not all the vaccines needed?
 - We will review your records and give you the vaccines you need. You will have to make an appointment to get the vaccines as soon as you arrive on campus. Please call SHS at 773-702-4156
- What if I don't get the vaccines?
 - You will be blocked from registering for classes in subsequent quarters.
- What if I cannot get the vaccines where I live?
 - Just email sccimm@uchospitals.edu or call 773-702-4156 and let us know what vaccines you are unable to get and we will make an appointment for you.



Student Immunization Requirements

Students must upload immunization forms into the Compliance Management System no later than one week prior to the beginning of their first quarter at the University of Chicago.

The link can be found at <http://wellness.uchicago.edu/page/vaccinations-required-enrollment>.

**Failure to return your immunization form or complete the required vaccinations will result in a restriction on your student account, which will deny you the ability to enroll in future classes.*

New 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 16th birthday.

Important information:

- A 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 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 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 (<http://registrar.uchicago.edu/>)**
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Route questions to scimm@uchospitals.edu or call (773) 702-4156.



Student Immunization Record

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 ____/____/____ Type of vaccine, please circle: DPT, DTP, DT, DTap, Td or Tdap

Date of Vaccine # 2 ____/____/____ Type of vaccine, please circle: DPT, DTP, DT, DTap, Td or Tdap

Date of Vaccine # 3 ____/____/____ Type of vaccine, please circle: 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 16th birthday

Date of Vaccine ____/____/____

Healthcare Provider Certification

Provider(s) Signature: _____

Provider(s) Printed Name: _____

Address: _____

Phone Number: _____