

IMMUNIZATION RECORDS

Illinois Public Health Act 85-1315 requires that records be on file at Roosevelt University for all students (1) born on or after January 1, 1957 **AND** (2) enrolled for six or more credit hours per semester. The records need to be on file for reports to the State within the first term of enrollment.

Please submit your immunization records per the instructions below. If you cannot secure a copy of your records from your high school or a previously-attended college, you should see your physician as soon as possible to secure a copy, arrange to have the immunizations, or get the blood titer to show proof of immunization.

IMMUNIZATION RECORDS MUST BE ON FILE BEFORE A STUDENT CAN ATTEND CLASSES.

General Instructions and Information

1. All required vaccines are based on the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) recommendations for health-care professionals. Please refer to these recommendations for further detail.
2. Complete the Immunization History, attach all necessary documents that show evidence of immunization and submit to Claudia Muldoon, Experiential Education Advisor. Completed forms can be emailed to Claudia Muldoon, cmuldoon@roosevelt.edu or mailed to Roosevelt University CSHP 1400 N. Roosevelt Blvd. Schaumburg, Illinois 60173 Attn: Claudia Muldoon. **All information submitted must be in English.**
2. High school or college immunization records are acceptable, provided they are properly certified and contain all information on the required immunizations.
3. If you are on an approved schedule to receive all necessary doses of a vaccine, you must include the date of the first dose and expected dates of the remaining doses.
4. Please include the month, day, and year of all information, wherever possible.
- 5.

MANDATORY PHARMACY STUDENT IMMUNIZATION HISTORY

Please complete with your health care provider and return in the enclosed envelope before you arrive on campus. You may attach additional immunization information from other schools or medical offices.

Responses must be in English.

Student Information

Phone: _____

MEASLES (RUBEOLA)

Immunity confirmed by Titer.

Date of Titer _____

Results _____

Date of re-immunization: _____

Attach copy of lab report

MUMPS

Immunity confirmed by Titer.

Date of Titer _____

Results _____

Date of re-immunization: _____

Attach copy of lab report

GERMAN MEASLES (RUBELLA)

Immunity confirmed by Titer.

Date of Titer _____

Results _____

Date of re-immunization: _____

Attach copy of lab report

TETANUS AND DIPHTHERIA

TD or DT or Tdap required (Tentanus toxoid (TT) not acceptable). Three primary series immunizations are needed OR date of last booster
OR
exempt status date

TUBERCULOSIS (Check the appropriate box)

HAS HAD THE DISEASE

HAS NOT HAD THE DISEASE

AND fill out the appropriate section below for annual updates: NOTE: TUBERCULIN SKIN TEST (TST) 2 STEP MAY BE REQUIRED. TST
ER 18n8pAS 0.01n(9Tw f-20.5J3 (1 6.6(n)94 (f)8.4 (orr a)-0.6TEMCP -0 270.179 0-.3 (46 Td[A]-7.8 (N)-F)313d(N)G0.4 T0 T9-0.6l01 T80.d-0.01 Tc -0.0010 Td(o)-2
