

Certificate of Immunity

Part I – To be completed by Student			
Last Name (Please Print)	First	Middle Initial	Social Security Number
Date of Birth (Mo/Day/Yr)	Sex M F	Home Telephone Number	Term Attending (Check One) Fall Winter Spring/Summer Year _____
Part II – (Also to be completed by Student) Compliance by Copy of Certificate of Child Health Examination Attached (Check box)			
I authorize Greenville College 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 INCLUDE MONTH, DAY & YEAR			

Tetanus/Diphtheria- #2 or #3 must be met. Yes _____

1. Primary series completed? (Should include at least _____ Date _____ Date _____ Date _____
Three doses—indicate month, day and year) **optional but preferred** Mo/Day/Year Mo/Day/Year Mo/Day/Year

2. Most recent booster? (Must be within last 10 yrs.) **required** Date _____
Mo/Day/Year

3. Exemption? See items 4 & 5 on the back of this page. Attach physician's statement of medical contraindication

Measles (Rubeola)-1 of the 4 conditions below must be met.

1. Immunization with live virus vaccine? _____ Date _____ Date _____
(given in 1968 or later) **2 shots required** Mo/Day/Year Mo/Day/Year

2. Disease confirmed by physician's records? Date of Illness _____
Signature of Physician

3. Immunity confirmed by blood titer? Date of Test _____ Attach copy of laboratory report

4. Exemption? See items 4 & 5 on the back of this page. Attach physician's statement of medical contraindication

Rubella (German Measles)-1 of the 3 conditions below must be met.

1. Immunization with live virus vaccine? **1 shot required** Date _____
Mo/Day/Year

2. Immunity confirmed by blood titer? Date of Test _____ Attach copy of laboratory

3. Exemption? See items 4 & 5 on the back of this page. Attach physician's statement of medical contraindication

Mumps-1 of the 4 conditions below must be met.

1. Immunization with live virus vaccine? **1 shot required** Date _____
Mo/Day/Year

2. Disease confirmed by physician's records? Date of Illness _____
Signature of Physician

3. Immunity confirmed by acceptable laboratory test? Date of Test _____ Attach copy of laboratory

4. Exemption? See items 4 & 5 on the back of this page. Attach physician's statement of medical contraindication

Health Care Provider or official of the designated record keeping office verifying that the above information is complete and correct to the best of my knowledge.

Name (Print) _____ Signature _____ Date _____

- Physician licensed to practice medicine in all of its branches (M.D. or D.O.), a local health authority, registered nurse employed by a school, college, university, or a Department recognized vaccine provider.

MUST BE COMPLETED AND RETURNED PRIOR TO THE STUDENT'S FIRST ENROLLMENT

NOTE: Illinois law requires incoming new students to document immunity to tetanus/diphtheria, measles, rubella and mumps.

The following rules will apply:

1. All dates must include Month, Day and Year – if it can not otherwise be determined that the specific vaccine(s) was administered at the minimally acceptable age or dosage interval.
2. Part II: Proof of immunity may be provided by a copy of the student's **Certificate of Child Health Examination** from your school (high school or college) or your doctor 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. Part III need not be completed.
3. Part III: must be completed and signed by a health care provider*.
 - ◆ All laboratory evidence of immunity must be accompanied by a copy of the laboratory report.
 - ◆ History of rubella disease is not acceptable as proof of immunity.
 - ◆ All live virus vaccines must have been given on or after the first birthday.
 - ◆ Mumps titer is only acceptable as proof of immunity if the laboratory test used was a neutralization, enzyme-linked immunosorbent assay (ELISA or EIA) or radical hemolysis antibody test. A four-fold rise in antibody titer between appropriately spaced acute and convalescent sera is also acceptable.
4. 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 or vaccines contraindicated and duration or medical condition that contraindicates the vaccine(s). See item 5 on this sheet.
 - ◆ **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 on the grounds that they conflict with the tenet and practices of a recognized church or religious organization, of which the student is an adherent or member. See item 5 on this sheet.
 - ◆ **Pregnancy or Suspected Pregnancy** – A signed statement from a physician stating the student is pregnant or pregnancy is suspected. See item 5 on this sheet.
5. 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.
6. All records not in English must be accompanied by a certified translation.

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