

**Illinois Department of Health
CERTIFICATE OF IMMUNITY**

◆Part I - To be completed by student◆

Last name (please print)	First	Middle Initial	Student ID#
Date of birth ___/___/___	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home telephone #()	_____ - _____
Semester <input type="checkbox"/> Fall <input type="checkbox"/> 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 **Monmouth 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 Incl. MO/DAY/YR ◆

Measles (Rubeola)

- 1) Disease confirmed by physician's records?
- 2) Immunity confirmed by blood titer?
- 3) Immunization with live virus vaccine?
Note: Given in 1968 or later
- 4) Exemption?

YES

- Date of illness ___/___/___
- Date of test ___/___/___ (Attach copy of lab report)
- Date of shot ___/___/___ (Must include two dates)
 ___/___/___
- Attach physician's statement of contraindication

Signature of Physician _____

Rubella (German Measles)

- 1) Immunity confirmed by blood titer?
- 2) Immunization with live virus vaccine?
- 3) Exemption?

- Date of test ___/___/___ (Attach copy of lab report)
- Date of shot ___/___/___ (Must include two dates)
- Attach physician's statement of contraindication

Signature of Physician _____

Mumps

- 1) Disease confirmed by physician's record
- 2) Immunization with live virus vaccine?
- 3) Exemption?

- Date of illness ___/___/___
- Date of shot ___/___/___ (Must include two dates)
- Attach physician's statement of contraindication

Signature of Physician _____

Tetanus/Diphtheria

- 1) Primary series completed? (One dose must be TDAP vaccine)
Note: Must include at least three dates
- 2) Most recent booster? (Must be within last 10 yrs)
- 3) Exemption?

- Date ___/___/___
- Date ___/___/___
- Date ___/___/___
- Attach physician's statement of contraindication

Signature of Physician _____

Meningococcal conjugate (MCV4)

- 1) Immunization given on or after 16 years of age
- 2) Exemption?

- Date ___/___/___
- Attach physician's statement of contraindication

◆Part IV-Verification◆

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

Name _____ Signature _____ Phone# _____

**Note: Physician licensed to practice medicine in all of its branches (M.D. or D.O.) local health authority, college health service or a Department recognized vaccine provider.*

**◆MUST BE COMPLETED AND RETURNED
BEFORE STUDENT IS ALLOWED TO REGISTER ◆**

Illinois law requires incoming new students to document immunity to measles, rubella, mumps, tetanus/diphtheria and meningococcal conjugate (MCV4). 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. Part III need not be completed.
- 3) Part III: must be completed and signed by a health care provider.*
- 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) Mumps titer is not acceptable as proof of immunity.
- 8) 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.*

- 9) Anyone with a vaccine exemption may be excluded from the college in the event of a measles, rubella, mumps or diphtheria outbreak in accordance with public health recommendations.
- 10) 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 health service or a Department recognized vaccine provider.*