

Blackburn COLLEGE

Last Name		First	Middle		
Home Address				Preferred Phone () ()	Alternate Phone () ()
City/State/Country/Zip or Postal Code				E-mail Address	
Date of Birth (mm/dd/yyyy)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other		Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other (specify)	

■ **MEASLES-MUMPS-RUBELLA** – 2 shots against measles, 2 shots against rubella, and 2 shots against mumps (exempt if born before 1/1/57)

MMR 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967	1	mm/dd/yy	OR	MEASLES (Rubeola) 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967	1	mm/dd/yy
	2	mm/dd/yy			2	mm/dd/yy
Positive serum titers are also acceptable proof of immunity against measles, mumps and rubella. <input type="checkbox"/> Required lab report attached.			OR	MUMPS 2 doses at least 28 days apart AND after 12 months of age	1	mm/dd/yy
Documentation of dates of disease IS NOT acceptable evidence of immunity against measles, mumps or rubella.					RUBELLA 2 doses at least 28 days apart AND after 12 months of age	2
				1		mm/dd/yy
					2	mm/dd/yy

■ **TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DTaP, TD, Tdap)** – no age exemption
3 or more doses of diphtheria, tetanus vaccine. One dose MUST be a Tdap.
 *The most recent vaccine must have been administered within 10 years of the student's enrollment date.

1 <i>after 2 months of age</i> <input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> TD mm/dd/yy	2 <i>A minimum of 28 days after the first</i> <input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> TD mm/dd/yy	3 REQUIRED <input type="checkbox"/> Tdap mm/dd/yy
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■ **MENINGOCOCCAL CONJUGATE VACCINE** - The Meningococcal Conjugate Vaccine is **REQUIRED after the age of 16** for all students 21 and younger. Menomune and Meningitis B do not meet this requirement.

1	mm/dd/yy
2	mm/dd/yy

■ **COVID-19 VACCINE** - The COVID-19 Vaccine is **REQUIRED** for all students. Please submit a copy of your COVID vaccination card with this form.

1	mm/dd/yy
2	mm/dd/yy

Required Healthcare Provider Verification

Provider Name (Print or stamp)	Signature	Date
Address		Phone

TO SUBMIT FORM:

Email to: samantha.eich@blackburn.edu or **Fax to:** (217) 854-5522

Mail to: Student Life Office, 700 College Avenue, Carlinville, IL 62626

Submission Deadlines: Fall - August 1, Spring – January 1