



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)	

### REQUIRED IMMUNIZATIONS (dates required)

**Licensed Provider: Complete Immunization documentation or attach signed physician/school immunizations.**

*Note: A physical exam is not required*

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

<b>MMR</b> 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967	1	mm/dd/yy	<b>OR</b>	<b>MEASLES (Rubeola)</b> 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.			<b>OR</b>	<b>MUMPS</b> 2 doses at least 28 days apart AND after 12 months of age	1	mm/dd/yy	
Documentation of dates of disease <b>IS NOT</b> acceptable evidence of immunity against measles, mumps or rubella.					<b>RUBELLA</b> 2 doses at least 28 days apart AND after 12 months of age	2	mm/dd/yy
						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 <b>REQUIRED</b> <input type="checkbox"/> Tdap mm/dd/yy
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<input type="checkbox"/> <b>MENINGOCOCCAL CONJUGATE VACCINE</b> - The Meningococcal Conjugate Vaccine is <b>REQUIRED</b> 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

### Required Healthcare Provider Verification

Provider Name (Print or stamp)	Signature	Date
Address		Phone

### TO SUBMIT FORM:

**Email:** studentlife@blackburn.edu

**Fax:** (217) 854-5522

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

**Submission Deadlines:** Fall Semester - August 1 | Spring Semester – January 1