

Last Name			First	Middle	Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other (Specify)	
Home Address				Preferred Phone ()		Alternate Phone ()
City/State/Country/Zip or Postal Code					Email Address	
Date of Birth (mm/dd/yyyy)		Age	Biological Sex <input type="checkbox"/> F <input type="checkbox"/> M		Gender Identity <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender	

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)

MMR 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967	1		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				mm/dd/yy
Positive serum titers are also acceptable proof of immunity against measles, mumps and rubella. <input type="checkbox"/> Required lab report attached.	2			MUMPS 2 doses at least 28 days apart AND after 12 months of age	1
	mm/dd/yy		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	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
<input type="checkbox"/> 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

Required Healthcare Provider Verification

Provider Name (Print or stamp)	Signature	Date
Address		Phone

Submission Deadlines: Fall Semester - August 1 Spring Semester - January 1

Send the completed form by email (studentlife@blackburn.edu), fax (217-854-5522), or mail (Blackburn College Student Life, 700 College Avenue, Carlinville, IL 62626)