

NORTHERN ILLINOIS UNIVERSITY

Health Services, Immunization Office
Division of Student Affairs
DeKalb, IL 60115-2879
Phone: (815) 753-9585 Fax: (815) 753-9599

REQUIRED IMMUNIZATION INFORMATION Please read completely

Congratulations on your acceptance to Northern Illinois University. Illinois College Student Immunization Act (110-ILCS 20) and University policy states: All students born on or after January 1, 1957 enrolling in classes on-campus are **required** to provide written evidence of immune status with respect to certain communicable diseases or evidence of exemption from this requirement.

Please make sure your name and NIU Z ID on any information submitted. A health care provider must sign all information. You will be notified at your NIU e-mail account if any additional information is required. We recommend that you keep a copy for your own records and follow-up with our office to make sure we receive your records. All required and recommended immunizations can be obtained at Health Services for an additional charge. To avoid the late fee all immunizations must be on file and in compliance with the state law by the tenth day of the first term enrolled. A registration encumbrance will also be placed on the records of students who are not in compliance.

Exemptions: It is the student's responsibility to contact the immunization office to apply for any of the following exemptions, Students born prior to 01/01/1957, Medical or Religious exemptions. Students enrolled at NIU prior to summer of 2001 must contact the immunization office (815)-753-9585.

Proof of immunity:

- Attach or submit an immunization form or card signed by a medical physician, such as a high school physical form.
- OR Have a medical physician complete and sign this form.
- OR submit copies of medical documentation of vaccine information, illnesses or antibody test results.
- OR See the Preventive Medicine Clinic at the NIU Health Services for compliance requirements/eligibility.

What is Required:

Td (Tetanus/Diphtheria)- 1 booster dose of combined Td within 10 years, *tetanus toxoid (TT) is **not** acceptable.*
*Students born outside of the United States must provide a minimum of 3 doses (DPT/Td) with at least 1 dose within 10 years or re-immunize.

MMR (Measles/Mumps/Rubella),

Vaccines for measles, mumps and rubella can be separate or combined MMR.

Measles (Rubeola, Hard, Red, 10-day)- **2** doses no less than 1 month apart and administered both after your first birthday **and** after January 1, 1968; *or* Physician diagnosis of disease; *or* Copy of lab report proving a significant level of antibodies for immunity to Rubeola.

Mumps – 1 dose administered both after your first birthday **and** after January 1, 1968; *or* Physician diagnosis of disease; *or* Copy of lab report proving a significant level of antibodies for immunity to Mumps.

Rubella (German Measles, 3-day)- 1 dose administered both after your first birthday **and** after January 1, 1970; *or* Copy of lab report proving a significant level of antibodies for immunity to Rubella. ****Note:** History of disease is not acceptable for compliance.

The following are highly suggested and may be available at Health Services; Hepatitis B, Polio, Chicken Pox (Varicella), and Meningococcal (Meningitis) vaccine. Prices are subject to change.

This information is also available in Spanish by visiting the CDC web site:

<http://www.cdc.gov/nip/recs/adult-schedule-sp.pdf>

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**REQUIRED
 IMMUNIZATION FORM**

Name _____ ID: Z _____
(Last) (First) (Middle Initial)

Birth day / / Gender: M F Term Entering NIU: /
MONTH DAY YEAR SEMESTER/YEAR

Required Immunization please provide the month, date and year for every dose administered.

Immunization	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr
DPT (Diphtheria, Pertussis and Tetanus)															
Td or TD (Diphtheria and Tetanus)															
Tdap (Tetanus-Diphtheria-Pertussis)															
Combined MMR (Measles/Mumps/Rubella)															
Combined MR (Measles and Rubella)															
Rubeola (Red Measles) Live Virus Vaccine							Disease Date OR Titer Date: (copy of titre must be attached)								
Rubella (3 day or German Measles)							DIAGNOSIS OF DISEASE IS NOT ACCEPTABLE Titer Date: (copy of titre must be attached)								
Mumps							Disease Date OR Titer Date: (copy of titre must be attached)								

Health Provider Signature, Address and Phone: (Physician, School Health Professional verifying that immunizations were given)

 Signature Date

 Address City State Phone

The following vaccines are not required but may be offered at Health Services. Please check with your specific programs for additional immunization requirements

Immunization	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr
Oral Polio															
HBV: Hepatitis B Vaccine										Titer Date: (copy of titre must be attached)					
Varicella: Chicken Pox							Disease/ Titer Date: (copy of titre must be attached)								
Meningococcal (Meningitis) Vaccine				Name of vaccine administered:											

Parent consent for treatment: All students under 18 years of age enrolled at NIU must have parental permission before they may receive medical care at the Health Services. We ask that you sign this statement. I hereby give permission for the medical staff of Northern Illinois University, Health Services to perform diagnostic and therapeutic treatment as they deem necessary.