



IMMUNIZATION HISTORY

Last Name	First	Middle	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Permanent Address			Have you attended LUC previously? No Yes If yes, what year? _____	Age
City/State/Country/Zip or Postal Code			LUC ID # if known	Phone Number

To satisfy the immunization requirement, all students must enter their immunizations through [LOCUS](#) before submitting a copy of their immunization record to the Wellness Center.
Missing or incomplete immunization information will BLOCK access to registering OR changing classes.

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 doses against measles, 2 doses against rubella, and 2 doses 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.				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	1	mm/dd/yy
					2	mm/dd/yy

■ TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DTaP, Tdap, Td) – no age exemption
At least 3 doses of diphtheria, tetanus and pertussis containing vaccine are REQUIRED.
 One MUST be a Tdap vaccine and have been administered within 10 years of the student's enrollment date.

1 <input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap Td <div style="text-align: right;">mm/dd/yy</div>	2 <input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap Td <div style="text-align: right;">mm/dd/yy</div>	3 within 10 years of enrollment <input type="checkbox"/> Tdap <div style="text-align: right;">mm/dd/yy</div>
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■ MENINGOCOCCAL CONJUGATE VACCINE - Meningococcal meningitis is a potentially fatal, vaccine-preventable illness. The Meningococcal Conjugate Vaccine is REQUIRED for all students under the age of 22. A 2nd vaccine MUST be given if the 1st vaccine was given before age 16. It is available at the Wellness Center for a fee.

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

RECOMMENDED IMMUNIZATIONS (complete if received)

<input type="checkbox"/> HEPATITIS A	1	mm/dd/yy	2	mm/dd/yy
<input type="checkbox"/> HEPATITIS B	1	mm/dd/yy	2	mm/dd/yy
<input type="checkbox"/> HPV (Gardasil) <input type="checkbox"/> HPV (Gardasil 9) <input type="checkbox"/> HPV (Cervarix)	1	mm/dd/yy	2	mm/dd/yy
<input type="checkbox"/> VARICELLA	1	mm/dd/yy	2	mm/dd/yy
				<input type="checkbox"/> Had Varicella (Chickenpox)

Required Healthcare Provider Verification

Provider Name (print or stamp)	Signature/Title	Date
Address		Phone

International Students Only

Tuberculosis skin testing is mandatory and must be done in the United States. If you have been treated for Tuberculosis please bring your English translated medical records. If you were diagnosed with a positive reaction to tuberculosis documentation is required. TB testing is available at the Wellness Center for a small fee.

Mail, fax, or bring your completed immunization form to one of the locations below:
 Lakeshore Wellness Center | 6439 N. Sheridan, Suite 310 | Chicago, IL 60626 | FAX: (773) 508-2505
 Water Tower Wellness Center | 26 E. Pearson, Suite 250 | Chicago, IL 60611 | FAX: (773)508-2505