The Illinois Department of Public Health requires that all students attending a post-secondary institution show proof of the following immunizations before registering for classes:

**Required Immunizations:**
- **Two doses** of a live measles vaccine administered at least one month apart and after first birthday
- **Two doses** of a live rubella vaccine administered after first birthday
- **Two doses** of a live mumps vaccine administered after first birthday
- **Three doses** of Diphtheria, Tetanus and Pertussis (DTP, DTaP, DT, Td or Tdap) containing vaccine. **One dose** must be Tdap vaccine. The **last dose** of vaccine must have been **within ten years** of enrollment

Proof of immunity or a diagnosis of measles, mumps, and rubella is also acceptable documentation.

Acceptable documentation must contain the month, day, and year of the vaccine, proof of immunity, or the day the disease was conferred accompanied by a licensed health care provider’s signature.

**Exemptions:**
The following exemptions will be granted in lieu of the vaccine if proper documentation is presented along with this form:
- Medical condition or pregnancy
- Religious belief
- Birth date on or before January 1, 1957 (only an exemption for measles, mumps, and rubella)

**Helpful tips:**
If you are having difficulty locating these records, contact your high school. Many state high school health records comply with these immunization requirements.

If you know you have received a particular vaccine but do not have any records of the immunization, a titer blood test can prove your immunity to measles, mumps, and rubella.

**Questions:**
If you have questions about the Immunization Record Form, please contact Stacy Branch, Assistant Director, Registration and Student Records at sbranch@erikson.edu or 312.893.7153.

**Mail completed form to:**
Erikson Institute
Attn: Stacy Branch
451 North LaSalle Street
Chicago, Illinois 60654-4510

**Or fax to:**
312.755.1672, Attn: Stacy Branch
# Student Immunization Record Form

**Date**

**Erikson ID**

<table>
<thead>
<tr>
<th>Student name</th>
<th>Last</th>
<th>First</th>
<th>Middle initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth (month/day/year)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Semester of first enrollment</td>
<td>Fall</td>
<td>Spring</td>
<td>Summer</td>
</tr>
<tr>
<td>Year of first enrollment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Please complete either Option A or Option B**

- Option A: Include a copy of your Official Immunization Records proving ALL immunizations.
- Option B: See Below - Remainder of form to be completed and signed by physician or health care provider

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**Section 1-A: MMR**

*Note: If MMR was not given, individual immunizations should be listed in Section 1-B.*

<table>
<thead>
<tr>
<th>Dose one</th>
<th>Immunized on or after first birthday</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose two</td>
<td>Immunized at least 30 days after dose 1</td>
<td>Date</td>
</tr>
</tbody>
</table>

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**Section 1-B: Measles / Mumps / Rubella**

*Please indicate one of the following options and provide proper documentation.*

**Measles**

- Immunized with live vaccine on or after first birthday | Date |
- AND | |
- Immunized with live vaccine at least 30 days after dose 1 | Date |
- Laboratorr evidence of immune titer | Date |
- Physician diagnosis of disease | Date |
- Exemption. Please explain: |

**Mumps**

- Immunized with live vaccine on or after first birthday | Date |
- AND | |
- Immunized with live vaccine at least 30 days after dose 1 | Date |
- Laboratory evidence of immune titer | Date |
- Physician diagnosis of disease | Date |
- Exemption. Please explain: |

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**Rubella Continued**

| Immunized with live vaccine on or after first birthday | Date |
| AND | |
| Immunized with live vaccine at least 30 days after dose 1 | Date |
- Laboratory evidence of immune titer | Date |
- Physician diagnosis of disease | Date |
- Exemption. Please explain: |

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**Section 2: Tetanus / Diphtheria**

*Please provide dates and proper documentation for the following: 3 dates must be provided per state law*

- Booster given within ten years | Date |
- AND | |

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**Section 3: Health Care Provider Information**

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

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**For Registration and Student Records Office use only**

Date received | Staff initials |