

IMMUNIZATION FORM

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WWW.DOM.EDU/WELLNESS

MUST BE SUBMITTED ONLINE BEFORE FIRST DAY OF CLASS IN COMPLIANCE WITH ILLINOIS LAW. LATE SUBMISSIONS WILL BE SUBJECT TO FINE

Primary Dates? (Should include at least two doses- Indicate month, day and year)	MIOST BE SOBMITTED ONLINE BEFORE FIRST DA	I OF CLASS IN	COMPEIANCE WITH IL	LINOIS LAW. LATE 301	BMISSIONS WILL BE SUBJECT TO FINE	
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Part II = Required Vaccines To be completed and signed by health care provider *ALL DATES MUST INCLUDE MONTH, DAY & VEAR Part II = Required Vaccines To be completed and signed by health care provider *ALL DATES MUST INCLUDE MONTH, DAY & VEAR Part III = Required Vaccines To be completed and signed by health care provider *ALL DATES MUST INCLUDE MONTH, DAY & VEAR Part III = Required Vaccines To be completed and signed by health care provider *ALL DATES MUST INCLUDE MONTH, DAY & VEAR Part III = Required Vaccines To be completed and signed by health care provider *ALL DATES MUST INCLUDE MONTH, DAY & VEAR Part III = Required Vaccines Value of the complete Value of the comple	of Public Health or its designated representati			(former students only)		
Part II - Required Vaccines To be completed and signed by health care provider * ALL DATES MUST INCLUDE MONTH, DAY & YEAR Terman Disabilities Date	health or safety emergency.			Were you born and educated grades 1 thru 12 in the United States	.?	
Part II - Required Vaccines To be completed and signed by health care provider * ALL DATES MUST INCLUDE MONTH, DAY & YEAR	Student's Signature Date			Yes No* (*See below)		
Part II - Required Varcines To be completed and signed by health care provider * ALL DATES MUST INCLUDE MONTH, DAY & YEAR Tetamus/Diothteria Date	*All foreign-born	students must	show documentation of	f a minimum of 2 prima	I arv Tetanus AND a current TDAP.	
Primary Dates? (Should include at least two doses- Indicate month, day and year)						
Primary Dates? (Should include at least two doses- Indicate month, day and year)		-		-		
Indicate month, day and year) 2. Most recent booster (Must be a "TDAP" within last 10 year) 3. Exemption Combined MMR (Meusles Mumps Rubella) Date			Date /	/	Date / /	
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Date	3 Exemption			•	al contraindication	
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Varicella: Date						
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Typhoid: Date					_	
Part IV- Health Care Provider or Official of the designated record keeping office verifying that above information is complete & accurate. Health Care Provider: Date:	Yellow Fever: Date / / Date	OR date of bl	ood titer/		_	
Health Care Provider: Date:	Typhoid: Date/ Date		OR date of blood t	iter/	/	_
Health Care Provider: Date:	Part IV- Health Care Provider or Official	of the design	ated record keening	g office verifying tha	at above information is complete & accurate.	
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*Physician licensed to practice medicine in all of its branches (MD, DO) a local health authority, registered nurse employed by a school, college or university, or a departmentally recognized vaccine provider.

NOTE: Illinois law (TITLE 77 PART 694 COLLEGE IMMUNIZATION CODE) requires incoming students taking 6 or more credit hours to document immunity to tetanus/diphtheria/pertussis, measles, rubella, mumps and meningitis.

The following rules will apply:

- 1. All dates must include Month, Day and Year.
- 2. Part II Proof of immunity may be provided by a copy of the student's Certificate of Child Health Examination from an Illinois high school which provides the complete information necessary to assure compliance with the Act. The Certificate of Child Health Examination must be reviewed for compliance and attached to this form. Part III need not be completed.

RULES FOR ACCEPTABLE IMMUNIZATIONS AND BLOOD TESTS PROVING IMMUNITY:

- 3. Part III: must be completed and signed by a health care provider (Physician licensed to practice medicine in all of its branches (M.D. or D.O.), a local health authority, registered nurse employed by a school, college, or university, or a Department recognized vaccine provider)
 - All laboratory evidence of immunity must be accompanied by a copy of the laboratory report.
 - History of rubella disease is not acceptable as proof of immunity.
 - All live virus vaccines must have been given on or after the first birthday.
 - Mumps titer is only acceptable as proof of immunity if the laboratory used was a neutralization, enzyme-linked immunosorbent assay (ELISA or EIA) or radial hemolysis antibody test. A four-fold rise in antibody titer between appropriately spaced acute and convalescent sera is also acceptable.

RULES FOR EXEMPTIONS:

- **4.** All students requesting a vaccine exemption must complete the Medical and Religious Exemption Form. The following will be considered for exemption:
 - Medical Contraindications: A completed Medical and Religious exemption from with a
 physician stating the specific vaccine or vaccines that are contraindicated due to a medical
 condition (this may include pregnancy).
 - Religious Exemption- A Completed Medical and Religious exemption from with a statement by the student (or parent /guardian if the student is a minor) describing his/her objection to immunization on the grounds that they conflict with the tenet and practices of a faith which the student is an adherent or member. This form must also be signed by a healthcare provider.
 - Students enrolled only in programs designated by the University as "Online Only".
- 5. Anyone with a vaccine exemption may be excluded from the college/university in the event of a measles, rubella, mumps, diphtheria or SARS CoV2 outbreak in accordance with public health recommendations.
- 6. All records not in English must be accompanied by a certified translation.
- 7. <u>Immunizations must be submitted through the Wellness Center Online Portal at dom.medicatconnect.com. Individuals will be subject to fines each semester if not compliant with the requirements.</u>

WELLNESS CENTER

Dominican University, 7900 W. Division St. River Forest, IL 60305

Phone: 708-524-6229