

2017 – 2018 Saint Xavier University CERTIFICATE OF IMMUNITY FORM

Last Name	First	Middle	University Identification Number
Home Address			Preferred Phone () ()
City/State/Country/Zip or Postal Code			Alternate Phone () ()
E-mail Address			
Date of Birth (mm/dd/yyyy)	Age	Gender	First Semester at SXU

↓ ↓ ↓ This section must be completed by a Licensed Health Care Provider. ↓ ↓ ↓

REQUIRED IMMUNIZATIONS (dates required)

Licensed Provider: Complete Immunization documentation OR attach signed physician/school immunizations.

■ **MEASLES-MUMPS-RUBELLA** – 2 shots against measles, 2 shots against rubella, and 2 shots against mumps for students born after January 1, 1957

MMR (strongly recommended) 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	
	2	mm/dd/yy		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
				2	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, DT, DTaP, Td, Tdap)** –
At least 3 doses of diphtheria, tetanus and pertussis containing vaccine are REQUIRED. One dose MUST be Tdap.
 The last dose of vaccine (DPT, DTP, DT, DTaP, Td, Tdap) must have been administered within 10 years of the student's enrollment date.

1 (<i>record first shot here</i>)	2	3
<input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> Td mm/dd/yy	<input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> Td mm/dd/yy	<input type="checkbox"/> Tdap <input type="checkbox"/> Td mm/dd/yy

■ **MENINGOCOCCAL CONJUGATE VACCINE** – Menactra or Menveo is **REQUIRED** for all students 21 and younger. A 2nd vaccine **MUST** be given if the 1st vaccine was given before age 16.

RECOMMENDED IMMUNIZATIONS (complete if received)			
<input type="checkbox"/> MENINGOCOCCAL B (Trumemba or Bexsero)	1		2 mm/dd/yy
<input type="checkbox"/> HPV (Gardasil) <input type="checkbox"/> HPV (Cervarix)	1	2	3 mm/dd/yy
<input type="checkbox"/> VARICELLA	1	2	3 mm/dd/yy
			<input type="checkbox"/> Had Varicella (Chickenpox)

Required Healthcare Provider Verification

Provider Name (print or stamp)	Signature	Date
Address		Phone

TO SUBMIT FORM: Email to healthcenter@sxu.edu or Fax to (773) 298-3906 or Upload to Patient Portal at <http://sxu.edu/student-life/health/patient-portal.asp> Mail to SXU Health Center, 3700 W. 103rd Street, Chicago, IL 60655
Questions?: Phone (773) 298-3712 (M-F) **Submission Deadlines:** Fall - Sept 1, Spring – Feb 1, Summer - May 1

For Office Use Only

Incomplete Date: _____ Initial: _____ Complete Date: _____ Initial: _____ Entered by: _____ Hold Off: _____ Scanned by: _____