

# 2019 – 2020 Saint Xavier University CERTIFICATE OF IMMUNITY FORM

**Submission Deadlines: Fall - Sept 1, Spring – Feb 1, Summer - May 1**

Last Name	First	Middle	University Identification Number	
Home Address			Preferred Phone ( )	Alternate Phone ( )
City/State/Country/Zip or Postal Code			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

<b>MMR (strongly recommended)</b> 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967	1	mm/dd/yy	<b>OR</b>	<b>MEASLES (Rubeola)</b> 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		<b>MUMPS</b> 2 doses at least 28 days apart AND after 12 months of age	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.				<b>RUBELLA</b> 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 <b>IS NOT</b> acceptable evidence of immunity against measles, mumps or rubella.				<b>RUBELLA</b> 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.  
 \*TITERS ARE NOT ACCEPTABLE TO FULFILL THIS REQUIREMENT\*

1 ( <i>record first shot here</i> ) <input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> Td                      mm/dd/yy	2 <input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> Td                      mm/dd/yy	3 <input type="checkbox"/> Tdap <input type="checkbox"/> Td                      mm/dd/yy
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■ <b>MENINGOCOCCAL CONJUGATE VACCINE</b> – Menactra or Menveo is <b>REQUIRED</b> for all students 21 and younger. A 2 <sup>nd</sup> vaccine <b>MUST</b> be given if the 1 <sup>st</sup> vaccine was given before age 16.	1	mm/dd/yy
	2	mm/dd/yy

## RECOMMENDED IMMUNIZATIONS (complete if received)

<input type="checkbox"/> <b>MENINGOCOCCAL B</b> (Trumemba or Bexsero)	1	mm/dd/yy	2	mm/dd/yy	3	mm/dd/yy
<input type="checkbox"/> <b>HPV</b> (Gardasil)	1	mm/dd/yy	2	mm/dd/yy	3	mm/dd/yy
<input type="checkbox"/> <b>VARICELLA</b>	1	mm/dd/yy	2	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: Drop off** at Health Center –or- **Fax to** (773) 298-3906 –or- **Upload to** Patient Portal at [sxu.medicatconnect.com](http://sxu.medicatconnect.com) **QUESTIONS???**: Call the SXU Health Center at (773) 298-3712 (M-F)

Incomplete Date: \_\_\_\_\_ Initial: \_\_\_\_\_    Complete Date: \_\_\_\_\_ Initial: \_\_\_\_\_   Entered by: \_\_\_\_\_ Hold Off: \_\_\_\_\_ Scanned by: \_\_\_\_\_