



Office of Academic Affairs
Box 1649
Peoria, Illinois 61656-1649

**All visiting students must present dated documentation of ALL of the following:
Registration will not be completed until ALL immunization information has been received.**

Student Name: _____ **Date of Birth:** _____

1. **Rubella** (*History of disease is not acceptable proof of immunity.*)
 - immune titer **or** date / / attach copy of report
 - immunization after the first birthday date / / attach proof of immunization

2. **Mumps**
 - immune titer **or** date / / attach copy of report
 - immunization after the first birthday **or** date / / attach proof of immunization
 - physician verified disease date / / attach letter of verification

3. **Rubeola (measles)** (*Complete immunization requires the receipt of two measles vaccines **after** 12 months of age.*)
 - immune titer **or** date / / attach copy of report
 - immunization after the first birthday **or** date / / date / / attach proof of immunization
 - physician verified disease date / / attach letter of verification

4. **Varicella (Chicken Pox)**
 - history of illness date / /
 - immunization date / / date / / attach proof of immunization
 - immune titer date / / attach copy of report

5. **Tetanus** (*Documentation of a minimum of three tetanus immunization is **required** for proof of immunity.*)
 - initial tetanus series **AND** date / / date / / date / / attach proof of immunization
 - tetanus booster within the past 10 years date / / attach proof of immunization

6. **TB skin test**
 - within the last 12 months date / / results _____ attach proof of testing
 - history of BCG vaccination date / / attach copy of report
 - history of a previous positive reaction date / / result _____

(attach copy of chest x-ray performed within the past two years)

7. **Hepatitis B** (*Proof of immunity by titer may be accepted.*)
 - completion of the series of three injections **or** date / / date / / date / / attach proof of immunization
 - documentation of immunity by immune titer:
 - HB Surface Antigen **and** date / / results _____
 - HB Surface Antibody date / / results _____

**PLEASE FILL OUT THIS FORM COMPLETELY AND SEND ONLY COMPLETE DOCUMENTATION OF THE ABOVE.
IMMUNIZATIONS WILL NOT BE APPROVED UNLESS OUR FORM IS FILLED OUT.
Registration will not be completed until ALL immunization information has been received.**

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