

## Certificate of Immunity

Part I – To be completed by Student			
Last Name ( Please Print)	First	Middle Initial	Social Security Number
Date of Birth (Mo/Day/Yr)	Sex M F	Home Telephone Number	Term Attending (Check One) Fall      Winter      Spring/Summer      Year _____
<b>Part II – (Also to be completed by Student) Compliance by Copy of Certificate of Child Health Examination Attached (Check box)</b>			
I authorize Greenville College to release this immunization record to the Illinois Department of Public Health, or its designated representative, for compliance audits and in the event of a health or safety emergency.			
Student's Signature _____		Date _____	
<b>Part III – To be completed and signed by health care provider*. ALL DATES MUST INCLUDE MONTH, DAY &amp; YEAR</b>			

**Tetanus/Diphtheria- #2 or #3 must be met.** Yes

1. Primary series completed? (Should include at least \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_  
Three doses—indicate month, day and year) **optional but preferred** Mo/Day/Year Mo/Day/Year Mo/Day/Year

2. Most recent booster? (Must be within last 10 yrs.) **required** Date \_\_\_\_\_  
Mo/Day/Year

3. Exemption? See items 4 & 5 on the back of this page. Attach physician's statement of medical contraindication

**Measles (Rubeola)-1 of the 4 conditions below must be met.**

1. Immunization with live virus vaccine? Date \_\_\_\_\_ Date \_\_\_\_\_  
Mo/Day/Year Mo/Day/Year  
(given in 1968 or later) **2 shots required**

2. Disease confirmed by physician's records? Date of Illness \_\_\_\_\_  
Signature of Physician

3. Immunity confirmed by blood titer? Date of Test \_\_\_\_\_ Attach copy of laboratory report

4. Exemption? See items 4 & 5 on the back of this page. Attach physician's statement of medical contraindication

**Rubella (German Measles)-1 of the 3 conditions below must be met.**

1. Immunization with live virus vaccine? **1 shot required** Date \_\_\_\_\_  
Mo/Day/Year

2. Immunity confirmed by blood titer? Date of Test \_\_\_\_\_ Attach copy of laboratory

3. Exemption? See items 4 & 5 on the back of this page. Attach physician's statement of medical contraindication

**Mumps-1 of the 4 conditions below must be met.**

1. Immunization with live virus vaccine? **1 shot required** Date \_\_\_\_\_  
Mo/Day/Year

2. Disease confirmed by physician's records? Date of Illness \_\_\_\_\_  
Signature of Physician

3. Immunity confirmed by acceptable laboratory test? Date of Test \_\_\_\_\_ Attach copy of laboratory

4. Exemption? See items 4 & 5 on the back of this page. Attach physician's statement of medical contraindication

**Health Care Provider or official of the designated record keeping office verifying that the above information is complete and correct to the best of my knowledge.**

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

- 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, university, or a Department recognized vaccine provider.

MUST BE COMPLETED AND RETURNED PRIOR TO THE STUDENT'S FIRST ENROLLMENT

**NOTE: Illinois law requires incoming new students to document immunity to tetanus/diphtheria, measles, rubella and mumps.**

The following rules will apply:

1. All dates must include Month, Day and Year – if it can not otherwise be determined that the specific vaccine(s) was administered at the minimally acceptable age or dosage interval.
2. Part II: Proof of immunity may be provided by a copy of the student's **Certificate of Child Health Examination** from your school (high school or college) or your doctor 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.
3. Part III: must be completed and signed by a health care 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 test used was a neutralization, enzyme-linked immunosorbent assay (ELISA or EIA) or radical hemolysis antibody test. A four-fold rise in antibody titer between appropriately spaced acute and convalescent sera is also acceptable.
4. Only the following exemptions will be accepted and statements must accompany this record:
  - ◆ **Medical Contraindications** – A written, signed and dated statement from a physician stating the specific vaccine or vaccines contraindicated and duration or medical condition that contraindicates the vaccine(s). See item 5 on this sheet.
  - ◆ **Religious Exemption** – A written, signed and dated 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 recognized church or religious organization, of which the student is an adherent or member. See item 5 on this sheet.
  - ◆ **Pregnancy or Suspected Pregnancy** – A signed statement from a physician stating the student is pregnant or pregnancy is suspected. See item 5 on this sheet.
5. Anyone with a vaccine exemption may be excluded from the college/university in the event of a measles, rubella, mumps or diphtheria outbreak in accordance with public health recommendations.
6. All records not in English must be accompanied by a certified translation.

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\* 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.