



WESTERN ILLINOIS UNIVERSITY

BEU HEALTH CENTER

Western Illinois University
1 University Circle - Macomb, IL 61455
Phone: 309-298-3171 Fax: 309-298-2188

IMMUNIZATION INFORMATION FORM

PART I: GENERAL INFORMATION - TO BE COMPLETED BY STUDENT. PLEASE PRINT.

Last Name First Name Middle Initial
WIU Student ID Number Date of Birth (mm/dd/yy)
First semester at WIU: YEAR Fall Spring Summer International Student: Yes No

PART II: IMMUNIZATION INFORMATION -- COMPLETE DOCUMENTATION OR ATTACH SIGNED IMMUNIZATIONS

Table with columns for MMR, MEASLES (Rubeola), MUMPS, and RUBELLA. Includes fields for dates and checkboxes for lab reports.

TETANUS-DIPHTEHRIA-PERTUSSIS - The student must show evidence of any combination of 3 doses of Diphtheria, Tetanus and Pertussis containing vaccine. One dose must be a Tdap. The last dose of vaccine must have been received within 10 years prior to enrollment.

Form for Tetanus-Diphtheria-Pertussis with checkboxes for DTP/DTap, Tdap, and Td, and numbered fields for dates.

Table for MENVEO/MENACTRA with fields for #1 and #2 vaccine dates.

All incoming international students will complete a TB risk assessment. At risk students will be screened with a TB risk assessment (Quantiferon-Gold). This must be completed by the 10th day of class at Beu Health Center.

QFT TUBERCULOSIS/MANTOUX: Skin Test Given Skin Test Reading

OTHER IMMUNIZATIONS - The following are optional immunizations.

Table listing optional immunizations: HEPATITIS A, HEPATITIS B, HPV (Gardasil), Gardasil 9, VARICELLA, and TRUMENBA/BEXSERO (Serogroup B Meningitis).

Required Healthcare Provider Verification

Form for Required Healthcare Provider Verification with fields for Provider Name, Signature, Date, Address, and Phone.

Please call 309-298-1888 x221 for more information about requirements or exemptions. You may fax copies of records to 309-298-2188