



# BEU HEALTH CENTER

Western Illinois University  
 1 University Circle  
 Macomb, IL 61455  
 Phone: 309/298-1888; Fax: 309/298-1122

## IMMUNIZATION RECORD

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student I.D. #: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Type of Vaccine	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
<b>Diphtheria, Pertussis, and Tetanus (DPT)</b> (Series of three for international students only)					
<b>Tetanus and Diphtheria (Td)</b> (One required within the last 10 years)					
<b>Tdap</b> (Tetanus, Diphtheria, Pertussis)					
<b>Combined Measles, Mumps, Rubella (MMR)</b> (Two required on or after first birthday)					
<b>Rubeola (Red Measles) Live Virus Vaccine</b> (If individual shots are given, then two required on or after first birthday)					
<b>Rubella (German or Three-Day Measles)</b> (If individual shots are given, then one required on or after first birthday)					
<b>Mumps</b> (If individual shots are given, then one required on or after first birthday)					
<b>Hepatitis A Series</b> (Not required)					
<b>Hepatitis B Series</b> (Recommended – not required)					
<b>Meningitis</b> (Recommended – not required)					
<b>Varicella (Varivax) MSD (Chickenpox)</b> (Not required)					

**IMPORTANT:** Medical personnel MUST verify the above state-required dates by signature and/or stamp: \_\_\_\_\_

(Verification and date or other signed documentation may be attached)

### **ATTENTION INTERNATIONAL STUDENTS:**

International students are also required to have a Tuberculosis blood test at the campus health center after arrival at WIU. If the student has attended another university within the United States and received the Tuberculosis blood test within the last year, it may be accepted.