



Western Illinois University

**BEU HEALTH CENTER- IMMUNIZATION INFORMATION FORM**

Western Illinois University - 1 University Circle - Macomb, IL 61455

Phone: 309-298-1888 Fax: 309-298-2188

**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**

**IMMUNIZATIONS REQUIRED BY ILLINOIS LAW (dates required)**

Licensed Provider: Complete Immunization documentation or attach signed physician/school immunizations.

<b>MMR</b> 2 doses at least 28 days apart AND after 12 months of age AND given after 1-1-57	#1 mm/dd/yy	OR	<b>MEASLES (Rubeola)</b> 2 doses at least 28 days apart AND after 12 months of age AND both given after 1-1-57	#1 mm/dd/yy	Positive serum titers are also acceptable proof of immunity against measles, mumps and rubella.  <input type="checkbox"/> Required lab report attached.
	#2 mm/dd/yy		<b>MUMPS</b> 2 doses at least 28 days apart AND after 12 months of age.	#2 mm/dd/yy	
	#2 mm/dd/yy		<b>RUBELLA</b> 2 doses at least 28 days apart AND after 12 months of age	#1 mm/dd/yy	
				#1 mm/dd/yy	

**TETANUS-DIPHTHERIA-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.

DTP/DTap

1. \_\_\_\_\_ mm/dd/yy  
2. \_\_\_\_\_ mm/dd/yy  
3. \_\_\_\_\_ mm/dd/yy  
4. \_\_\_\_\_ mm/dd/yy

Tdap

1. \_\_\_\_\_ mm/dd/yy  
2. \_\_\_\_\_ mm/dd/yy  
3. \_\_\_\_\_ mm/dd/yy

Td

1. \_\_\_\_\_ mm/dd/yy  
2. \_\_\_\_\_ mm/dd/yy  
3. \_\_\_\_\_ mm/dd/yy

**MENVEO/MENACTRA** - The Meningococcal Conjugate Vaccine is REQUIRED for all new students 21 or younger. A 2<sup>nd</sup> vaccine MUST be given if the 1<sup>st</sup> vaccine was given before age 16. Menomune is not acceptable to fulfill this requirement per Illinois College Immunization Code Part 694

#1  
mm/dd/yy  
#2  
mm/dd/yy

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 10<sup>th</sup> day of class at Beu Health Center. Please indicate mm/dd/yy.

QFT \_\_\_\_\_ TUBERCULOSIS/MANTOUX: Skin Test Given \_\_\_\_\_ Skin Test Reading \_\_\_\_\_

**OTHER IMMUNIZATIONS – The following are optional immunizations.**

<input type="checkbox"/> HEPATITIS A	#1 mm/dd/yy	#2 mm/dd/yy	
<input type="checkbox"/> HEPATITIS B	#1 mm/dd/yy	#2 mm/dd/yy	#3 mm/dd/yy
<input type="checkbox"/> HPV (Gardasil) <input type="checkbox"/> Gardasil 9	#1 mm/dd/yy	#2 mm/dd/yy	#3 mm/dd/yy
<input type="checkbox"/> VARICELLA	#1 mm/dd/yy	#2 mm/dd/yy	<input type="checkbox"/> Had Varicella (Chickenpox)
<input type="checkbox"/> TRUMENBA/BEXSERO (Serogroup B Meningitis)	#1 mm/dd/yy	#2 mm/dd/yy	
<input type="checkbox"/> COVID VACCINE	#1 mm/dd/yy	#2 mm/dd/yy	Manufacturer

**Required Healthcare Provider Verification**

Provider Name (print or stamp)	Signature	Date
Address		Phone