

Name: _____ Date of Birth ____ / ____ / ____

Benedictine ID# _____ Country of Birth _____

No physical exam is required, however, Illinois law does require that all incoming students born **AFTER 1956** show documented proof of immunity to measles, rubella, mumps and tetanus/diphtheria. Please provide month, day and year for each dose administered. There are two options to meet this requirement: 1) Have the information completed and signed by your family doctor; or 2) Include a copy of your immunization record, which you can obtain from your high school health office. **To avoid a late fee, all health records must be complete and on file in our office before the 14th day of the first term you are enrolled.**

REQUIRED IMMUNIZATIONS If you have no verification of your immunization history, you will need to be revaccinated.

	Month	Day	Year		Month	Day	Year		Month	Day	Year
DPT (Primary Series of three)											
Td (tetanus – diphtheria) OR Tdap (tetanus – diphtheria acellular pertussis) within last ten years	Check <input type="checkbox"/> Td <input type="checkbox"/> Tdap										
MMR – Two doses required after first birthday and at least one month apart. Also should be after 1968 or show proof of live vaccine given without gamma globulin.											
If MMR not given: list individually OR date of diagnosis OR lab titers verified by doctor.											
Measles (Rubeola) – Two doses required both after first birthday and after 1968.											
Mumps – One dose required after first birthday.											
Rubella (German Measles) – One dose required after the first birthday diagnosis is not accepted.											

NOT REQUIRED BUT RECOMMENDED

Hepatitis B series											
Meningitis/Meningococcal Vaccine											

When immunization dates are written on this form, verification with a doctor's signature and office stamp is required.
When including a copy of your high school health record, no further verification should be needed.

_____/_____/____ OFFICE STAMP HERE:
Signature of health care provider (M.D., D.O., R.N.) verifying immunization record Date

FOR OFFICE USE ONLY

Incomplete Information: _____ Complete Information: _____ Date ____ / ____ / ____

Student Notified: in person voice mail spoke with on phone postcard