HEALTH and IMMUNIZATION REQUIREMENT
(Fall 2016 admits and after)*

The State of Illinois College Immunization Code (77 ILADM.CODE 694) and Aurora University require the attached Student Health History form and specific immunization “shot” records be on file in the Wellness Center. **If you are planning to enroll in 9 or more credit hours of on-campus instruction, in any given semester, at any point during your time at AU, the required immunizations listed below must be on file in the Wellness Center by the following deadlines:**

**FALL:** Undergraduates by July 15 and graduate students prior to the first day of class
**SPRING:** Undergraduates by December 1 and graduate students prior to the first day of class

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A. **WHO IS MANDATED TO MEET THIS REQUIREMENT:**

- All undergraduates (including adult completion students) and graduates meeting the above stated credit hour criteria.
- All international students must comply regardless of total number of credit hour enrollment.
  
*Please note students who were enrolled prior to Fall 2016 and who will now begin a new degree program (e.g. previously earned a Bachelor’s degree and will begin a Master’s degree) will be subject to this immunization requirement.*

B. **REQUIRED IMMUNIZATION:**

- **Measles:** Two doses
- **Mumps:** Two doses
- **Rubella:** Two doses
- **Tetanus, Diphtheria, Pertussis**- Three doses of any combination (DPT, DTaP, Td, Tdap). One dose must be Tdap and the last dose must be dated within the past 10 years.
- **Meningitis (Meningococcal Conjugate)**- One dose on or after 16th birthday for all students less than 22 years old. Please note Serogroup B meningococcal vaccine is optional and does not satisfy requirement.

**Special Note for international students:** In addition to the above shots, all international students are required to have tuberculosis testing (PPD, Mantoux or IGRA-lab test), within six months prior to enrollment at AU and then annually thereafter. Results of tuberculosis skin test must be interpreted and recoded by your physician in English on the AU immunization form. A chest x-ray is required for all positive tests. Please include a copy of the chest x-ray report.
C. ACCEPTABLE FORMS OF DOCUMENTATION:
   **All records must be in English, clearly legible and include name and date of birth to be acceptable**
   » Complete and signed Student Health/Immunization Record by your healthcare provider.
   » You may attach comparable immunization documentation to the Student Health/Immunization Record in lieu of completing immunization section of the form.
      Examples of acceptable documentation may include but not limited to the following:
      o Immunization records from a prior educational institution (high school, college/university) as long as records have school letterhead clearly visible.
      o Military records documenting the month, day and year of immunization administration.
   » For Measles, Mumps and Rubella requirement only, you may submit antibody titer lab report (blood test) indicating positive immunity. Please note values in the “equivocal” range are not considered to indicate positive immunity.
   » Please be aware that receipt showing payment for vaccine is not acceptable. Documentation must clearly indicate the vaccine was administered.

D. HOW TO SUBMIT RECORDS TO THE WELLNESS CENTER:
   » Fax: 630-844-5611
   » Email: wellness@aurora.edu (as attachment only)
   » Mail: 347 S. Gladstone Ave., Aurora, IL 60506 (Attention: Wellness Center)
   » In-person: Wellness Center House @ 1400 Southlawn. During the months of June and July when the Wellness Center is closed you may drop records off to Emily Fuller-Iseini in Eckhart Hall, 204
      Please note: If these records are required by another AU department (e.g. Athletics, Nursing), it is your responsibility to submit a separate copy to the Wellness Center.

E. QUALIFICATIONS FOR “IMMUNIZATION EXEMPTION STATUS”:
   » Students may submit request for Medical or Religious Exemption to this requirement. Please visit the “Health and Immunization Records” section on our webpage www.aurora.edu/wellness for specific information on how to submit request. Students born before 1/1/57 are exempt from Measles, Mumps, and Rubella requirement only, and still need to meet the Tetanus, Diphtheria, Pertussis requirement.

F. WHAT HAPPENS IF IMMUNIZATION RECORDS ARE NOT SUBMITTED: (Immunization Hold Policy)
   » Failure to provide the Wellness Center with required immunization records will result in having an immunization hold placed on your student account that prevents future registration or adjustment of your schedule until all required records have been received.

G. QUESTIONS? CONTACT US!
   » AU Wellness Center 630-844-5434, wellness@aurora.edu. For assistance during the months of June and July, when the Wellness Center is closed, you may contact Emily Fuller-Iseini, efuller@aurora.edu
   » Please visit the “Health and Immunization Records” section of our webpage (www.aurora.edu/wellness) for additional information.

Rev. 2.2017
CONFIDENTIAL
Student Health Record
Please print

Name: ___________________________ Date of birth: __/__/______ Student ID: ___________________________

Permanent Address: ____________________________________________________________ Country: ___________________________

Do you plan to live on campus? ☐ Yes ☐ No

Parent/Guardian: ___________________________ relationship ___________________________ home phone ___________________________

In case of emergency, notify: ______________________________________________________

Primary Care Physician: __________________________________________________________

Semester/Year of enrollment: Fall ☐ Spring ☐ Summer ☐ Will you be attending: ☐ Full Time ☐ Part Time

Class Standing: ☐ FR ☐ SO ☐ JR ☐ SR ☐ Grad ☐ Other: ___________________________ Have you previously attended AU?: ☐ No ☐ Yes when?

Personal History: Please comment on all “yes” answers in the space below or on an additional sheet if you have or have had in the past.

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<thead>
<tr>
<th>Disease</th>
<th>Yes</th>
<th>No</th>
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<td>Anxiety/Panic Attacks</td>
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<td>Asthma (exercise induced)</td>
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<td>Autoimmune</td>
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<td>Bleeding/Blood disorders</td>
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<td>Cancer/Tumor/Cyst</td>
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<td>Headache (recurrent)</td>
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<td>Heart Condition/Murmur</td>
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<td>Kidney/Urinary tract Problem</td>
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<td>Seizure Disorder</td>
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Do you have any allergies? (medications, foods, environmental, animals-including insects) ☐ No ☐ Yes (explain below)

Allergen/Reaction
________________________________________________________

Are you currently taking any medications? (Please include medications taken on a regular basis, or as needed along with any vitamins, herbal or nutritional supplements) ☐ No ☐ Yes (explain below)

Medication (name, dose, frequency and reason)*
________________________________________________________

*If you administer prescribed injectable medications, contact the Wellness Center to receive information on proper disposal of syringes and needles.

Have you ever been hospitalized or had any surgical procedures? ☐ No ☐ Yes (explain below)

Reason/Dates
________________________________________________________

Have you previously received academic accommodations (IEP or 504 plan)? ☐ No ☐ Yes

Do you have a family history of the following?

<table>
<thead>
<tr>
<th>Disease</th>
<th>No</th>
<th>Yes</th>
<th>Relation</th>
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<tbody>
<tr>
<td>Anxiety/Panic Attacks</td>
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<td>Bipolar Disorder</td>
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<td>Cancer</td>
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<td>Drug/Alcohol Dependence</td>
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<td>Stroke</td>
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<td>Sudden death before age of 50</td>
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<td>Tuberculosis</td>
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I hereby certify that the above questions have been answered to the best of my knowledge.

_____________________________   ________________________________
student signature           date

This information is strictly for the use of the Wellness Center/Counseling Services/Disability Services and will not be released to anyone without your written consent.
Immunization Record

Student name: __________________________ Date of birth: ___ / ___ / ___

I. Measles, Mumps and Rubella Requirement:

**MMR (Measles, Mumps, Rubella) Vaccine**
Two doses required, at least one month apart, and after 12 months of age and after live vaccine available (5/1/71)

**Measles (Rubeola, Hard, Red, 10 day)**
Two doses required, at least one month apart, and after 12 months of age and after 1/1/68, or

**Rubella (German Measles, 3 day)**
Two doses required after 12 months of age and after 6/19/69, or

**Mumps**
Two doses required after 12 months of age and after 1/1/68, or

*All antibody titer results within “equivocal” range will require further written clarification by your physician*

II. Tetanus-Diphtheria-Pertussis (DTP, DTaP, Td, Tdap) Requirement:

At least three doses of past tetanus, diphtheria and pertussis containing vaccine are required. One dose must be Tdap and administered within the past 10 years to fulfill requirement. Please circle appropriate vaccine.

III. Meningococcal Vaccine Requirement:

Meningococcal meningitis is a potentially fatal, vaccine preventable illness. One dose of meningococcal conjugate vaccine is required on or after 16 years of age for all students up through 21 years of age. Serogroup B vaccine is optional and does not satisfy requirement.

IV. Tuberculosis Skin Test (required for all international students, and must be completed within 6 months of enrollment at AU)

**Please specify test: PPD / Mantoux / IGRA** (lab test-please attach results)

**Hepatitis B**

**Influenza**

An annual flu shot (influenza vaccine) is highly recommended for all college students

V. Recommended Immunizations (the following immunizations are highly recommended but not required unless specified by your major)

**VI. Healthcare Provider Verification of Immunization Record (Required)**

Name: __________________________ Phone: __________________________ Office Stamp: __________________________

Address: __________________________

Signature: __________________________ Date: __________________________