



STUDENT INFORMATION (this section must be completed):

Last Name, First Name and Middle Initial, Date of Birth (mm/dd/yyyy), DePaul Student #

I authorize DePaul University to release this immunization record to the Illinois Department of Public Health, or its designated representative for compliance audits or in the event of a health emergency. All immunization documents submitted to DePaul become the property of the University. I understand that, unless required to do so by law, DePaul University will not re-release my immunization documentation to me or any other academic institution or third party.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete either Option A or Option B

- Option A: Include a copy of your Official Immunization Records proving ALL immunizations. (SKIP OPTION B)
Option B: See below - Remainder of form to be completed and signed by physician or health care provider.

OPTION B: To be completed and signed by physician or health care provider. Please note the following:

- Positive laboratory (serologic) evidence of immunity via blood (antibody) titer is acceptable proof for Measles, Mumps and Rubella.
Anyone with a vaccine exemption may be excluded from the college/university in the event of an outbreak in accordance with public health recommendations.
All documents must be in English or accompanied by a certified translation.

TETANUS/ DIPHTHERIA/ PERTUSSIS
THREE (3) doses of DTP, DT, Td or Tdap are required. One of the three doses must be Tdap. Last dose must be received within the past 10 years.
Blood Titer is not accepted for Tetanus/ Diphtheria / Pertussis

MEASLES / MUMPS / RUBELLA
TWO (2) doses of MMR are required. Both doses must be taken on or after 1st birthday and at least 28 days apart. Neither dose can be prior to 1968.
MMR Dose 1, MMR Dose 2, Measles Dose 1, Measles Dose 2, Mumps Dose 1, Mumps Dose 2, Rubella Dose 1, Rubella Dose 2

MENINGOCOCCAL CONJUGATE
ONE (1) dose required if under 22 years old, taken on or after 16th birthday.
Meningitis B is not acceptable

COVID-19 (OPTIONAL)
TWO (2) initial doses and ONE (1) booster dose if eligible or ONE (1) dose from Johnson & Johnson and ONE (1) booster dose if eligible.
Booster taken after five months from initial doses or after two months for Johnson and Johnson

Physician or public health official verification - I verify to the best of my knowledge that the above immunization information is correct.

Physician Name (print or stamp), Physician's Phone #

Physician's Signature, Date (mm/dd/yyyy)

This form must be completed and returned with applicable attachments before the student is allowed to register.

To submit this form and/or additional records: Scan or take a photo of this completed form and any additional documents, then login to Campus Connect. For Current students: click Your Records > Immunization Status. For Admitted students: click the Next Steps Tile > Immunization Status.

For more information visit: go.depaul.edu/immunizations.

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