# IMMUNIZATION POLICY AND INSTRUCTIONS

Congratulations on your admission to Roosevelt. Now that you have been admitted, you are required to submit an immunization record.

## POLICY

Illinois law requires that immunization records be on file at Roosevelt University for all students (1) born on or after January 1, 1957, **and** (2) enrolled for six or more credit hours per semester. The records need to be on file for reports to the State of Illinois within the first semester of enrollment. Fully online Roosevelt students are exempt from submitting records.

The records must contain proof of immunity to measles (rubeola—must have received one dose on or after the first birthday), mumps, rubella, diphtheria and tetanus. A second measles (rubeola) immunization with live attenuated virus vaccine must have been given at least 28 days after the first measles immunization.

If you cannot secure a copy of the records from your high school or a previously attended college, you should see your physician as soon as possible to secure a copy, arrange to have the immunizations, or get the blood titer to show proof of immunity to measles (rubeola), mumps and rubella.

**Those who fail to comply with this state-mandated regulation may not be able to register for future classes at Roosevelt.**

## INSTRUCTIONS

Please see the next page for instructions to complete your record.

## QUESTIONS

If you have questions about the policy, please contact the **Office of Student Services at (312) 341-2004**. If you leave a message, please detail the nature of the question(s).

## EXEMPTIONS

The following exemptions will be accepted if they are supported and properly verified by statements that accompany the immunization record.

### (a) MEDICAL CONTRAINDICATIONS

If vaccines are contraindicated for you, submit a signed and dated statement from a physician, stating the specific vaccine(s) that are contraindicated and the duration of the medical condition that contraindicated the vaccine(s). If contraindications are temporary, you will need to comply as soon as your physician approves.

### (b) PREGNANCY OR SUSPECTED PREGNANCY

A signed statement from a physician stating you are pregnant or pregnancy is suspected is required (give expected date of delivery). After delivery, you will need to comply with the provisions of this requirement as directed by your physician.

### (c) RELIGIOUS EXEMPTIONS

If you object to immunization on religious grounds, please submit a signed and dated letter, stating the objections, based on bona fide religious tenets or practices.

ROOSEVELT UNIVERSITY

## GENERAL INSTRUCTIONS AND INFORMATION

1. Complete the attached Immunization Record, enclose all necessary documents that show evidence of immunization and return to: Roosevelt University, Office of Admission, 1400 N. Roosevelt Blvd., Schaumburg, IL 60173. **ALL INFORMATION SUBMITTED MUST BE IN ENGLISH.**

2. High school or college immunization records are acceptable, provided they are properly certified and contain all information on the required immunizations.

3. If you are on an approved schedule to receive all necessary doses of the Td vaccine, you must include the date of the first dose and expected dates of the last two remaining doses.

4. Please include month, day and year on all information, wherever possible.

5. A physician, school/college/university health service registered nurse or public health official must certify all dates by signature and must include his or her address and phone number for verification.

6. Any laboratory or radiologic evidence you submit must include your name, test date(s) and results.

ROOSEVELT UNIVERSITY

# IMMUNIZATION RECORD

**PLEASE COMPLETE AND RETURN TO:**

Office of Admission
Roosevelt University
1400 N. Roosevelt Blvd.
Schaumburg, IL 60173

## PART I—TO BE COMPLETED BY THE STUDENT *(Please print.)*

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Date of Birth (mm/dd/yyyy): _____ Sex: [ ] Male [ ] Female Student ID: _____

Home Phone Number: _____ Semester First Attending (Check one): [ ] Spring [ ] Fall [ ] Summer, Year: 20____

I authorize Roosevelt University to release my immunization record to the Illinois Department of Public Health or its designated representative — for compliance audits in accordance with Illinois immunization law (Illinois Public Act 85-1315). This release also applies in the event of a health or safety emergency.

Student Signature: _____ Date: _____

## PART II—FOR COMPLIANCE THROUGH A CERTIFICATE OF CHILD HEALTH EXAMINATION

[ ] Check here if you are attaching a copy of a previously prepared certificate (generally issued as a result of elementary/high school requirements). You need NOT complete sections III and IV.

## PART III—FOR COMPLIANCE THROUGH INFORMATION SUBMITTED AND SIGNED BY HEALTH CARE PROVIDER.*

Part III need not be completed if you submit a copy of Certificate of the Child Health Examination. All dates must include month, day and year.

| **MEASLES (Rubeola)** | Yes | Month, Day, Year | |
|---|---|---|---|
| 1. Disease confirmed by physician records | [ ] | _____ Date of Illness | _____ Signature of Physician |
| 2. Immunity confirmed by blood titer | [ ] | _____ Date of Test | Attach copy of a laboratory report. |
| 3. First immunization with live attenuated virus must have been on or after the first birthday. | [ ] | _____ Date of Immunization | |
| 4. Second immunization with live attenuated virus must have been given at least 28 days after first immunization. | [ ] | _____ Date of Immunization | |
| 5. Exemption | [ ] | Attach Physician's Statement of Contraindication. | |

* Physician licensed to practice medicine in all of its branches (M.D. or O.D.), Registered Nurse or a Public Health Official

**(over)**

| GERMAN MEASLES (Rubella) | Yes | Month, Day, Year | |
|---|---|---|---|
| 1. Disease confirmed by blood titer | [ ] | _____ Date of Test | Attach copy of a laboratory report. |
| 2. Immunization with live attenuated virus | [ ] | _____ Date of Immunization | |
| 3. Exemption | [ ] | Attach Physician's Statement of Contraindication. | |

| MUMPS | Yes | Month, Day, Year | |
|---|---|---|---|
| 1. Disease confirmed by physician records or blood titer | [ ] | _____ Date of Illness | _____ Signature of Physician |
| | [ ] | _____ Date of Test | Attach copy of a laboratory report. |
| 2. Immunization with live attenuated virus | [ ] | _____ Date of Immunization | |
| 3. Exemption | [ ] | Attach Physician's Statement of Contraindication. | |

| TETANUS / DIPHTHERIA | Yes | Month, Day, Year |
|---|---|---|
| 1. Primary series completed (must include at least two dates) | [ ] | _____ |
| | [ ] | _____ |
| | [ ] | _____ |
| | [ ] | _____ |
| 4. Most recent booster (must be within last 10 years) | [ ] | _____ |
| 5. Exemption | [ ] | Attach Physician's Statement of Contraindication. |

## PART IV—HEALTH CARE PROVIDER OR ADMINISTRATOR VERIFYING PART III INFORMATION*

Name (print): _____ Signature: _____

Phone: _____ Date: _____

* Physician licensed to practice medicine in all of its branches (M.D. or O.D.), Registered Nurse or a Public Health Official

## FOR ROOSEVELT USE ONLY

Reviewed by: _____ [ ] Incomplete Date: _____ [ ] Complete Date: _____

| | | Measles (Rubeola) | German Measles (Rubella) | Mumps | Tetanus/Diphtheria |
|---|---|---|---|---|---|
| Immune: | | [ ] 1st [ ] 2nd | [ ] | [ ] | [ ] |
| Exempt: | Medical or Religious | [ ] | [ ] | [ ] | [ ] |
| | External Studies or One Course | [ ] | [ ] | [ ] | [ ] |
| | Pregnancy (temporary exemption) | [ ] | [ ] | [ ] | [ ] |
| | Susceptibility List | [ ] | [ ] | [ ] | [ ] |