

Preparing people to lead extraordinary lives	<u>KEQUIKED</u>	STUDE	NI I	MMUNIZATION HIST	ORY FORM
Last Name	First	Midd	le	Date of Birth (mm/dd/yyyy)	Gender:
Permanent Address		Have you attended LUC previously? No Yes Age If yes, what year?			
City/State/Country/Zip or Postal Code			LUC ID # if known	Phone Number	
To satisfy the immunization requirement, all students must enter their immunizations through Loyola Health https://campushealth.luc.edu/loyolahealth/login.					
Missing or incomplete immunization information will BLOCK access to registering OR changing classes.					
REQUIRED IMMUNIZATIONS (Dates Required)					
Licensed Provider: Complete Immunization documentation or attach signed physician/school immunization record. Note: Immunizations must be translated to English and a physical exam is not required					
■ MEASLES-MUMPS-RUBELLA –					
2 doses against measles, 2 doses against rubella, and 2 doses against mumps (exempt if born before 1/1/57)					
MMR 2 degree at least 28 days apart	1 mm/d	d/xxv		MEASLES (Rubeola) 2 doses at least 28 days apart	1
2 doses at least 28 days apart AND after 12 months of age 2		m/dd/yy		AND after 12 months of age	mm/dd/yy
AND both given after 12/31/1967	mm/d		OR	AND both given after 12/31/1967	mm/dd/yy
Positive serum titers are also acc against measles, mumps and rube	eptable proof of im	nmunity		MUMPS	1 mm/dd/yy
against measies, mumps and rubena.			2 doses at least 28 days apart	2	
☐ Required lab report attached.			-	AND after 12 months of age	mm/dd/yy
Documentation of dates of disease IS NOT acceptable evidence of immunity against measles, mumps or rubella.			RUBELLA	RUBELLA	1 mm/dd/yy
			2 doses at least 28 days apart AND after 12 months of age		2
					mm/dd/yy
TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DTaP, Tdap, Td) - no age exemption					
3 total doses are required of tetanus with diphtheria, some will also contain pertussis. Tetanus Toxoid (T.T.) vaccine is not acceptable in fulfilling this requirement.					
One MUST be a Tdap vaccine and One MUST have been administered within 10 years of the student's enrollment date.					
1st Tetanus 2nd Tetanus			S	3rd T	etanus *Must be within 10 years of enrollment
□DTP / DTaP □ Tdap Td	mm/dd/yy	□DTP / DTal	P □Tda _j	p Td mm/dd/yy	Td Tdap mm/dd/yy
■ MENINGOCOCCAL CONJUGATE VACCINE - The Meningococcal Conjugate Vaccine is REQUIRED 1 mm/dd/yy					
for all students under the age of 22 on their enrollment date. A 2nd vaccine MUST be given if the 1st vaccine was given before age 16.					
Vaccines for Meningococcal B DO NOT count for					2 mm/dd/yy
International Students Only					
Tuberculosis skin testing through IGRA (QuantiFERON-TB Gold and T-SPOT TB) is mandatory and must be completed within 6 months of the start of classes.					
Upload your TB test results in the Loyola Health. https://campushealth.luc.edu/loyolahealth/login.					
If you have been treated for tuberculosis, please bring your English translated medical records. If you were diagnosed with a positive reaction to					
tuberculosis, documentation is required. TB testing is available at the Wellness Center for a fee. Health Science Center Students Only					
Health Science Center students need to upload Covid-19 and Influenza Vaccination to Loyola Health.					
Required Healthcare Provider Verification					
Provider Name			Sig	nature/Title	Date
(print or stamp)					
Address					Phone
Lakeshore Wellness Center 6439 N. Sheridan, Suite 310 Chicago, IL 60626					
Water Tower Wellness Center 26 E. Pearson, Suite 250 Chicago, IL 60611					
Health Science Wellness Center 2160 S. First Avenue, Cuneo Center 400 Maywood, IL 60153 Wellness Center email: wellnesscenter@luc.edu					
*Please note Wellness Center staff will not be able to upload your health information into Loyola Health, you must					
upload that information. *Some immunizations and labs may be available at the Wellness Center for enrolled students for a fee.					