

## IMMUNIZATION HISTORY

Last Name	First	Middle	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Permanent Address			Have you attended LUC previously? If yes, what year? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> Age _____
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 [LOCUS](#) before submitting a copy of their immunization record to the Wellness Center.  
 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 immunizations. Note: 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)

<b>MMR</b> 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967  Positive serum titers are also acceptable proof of immunity against measles, mumps and rubella.  <input type="checkbox"/> Required lab report attached.  Documentation of dates of disease <b>IS NOT</b> acceptable evidence of immunity against measles, mumps or rubella.	1	mm/dd/yy		<b>MEASLES (Rubeola)</b> 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967	1	mm/dd/yy
	2	mm/dd/yy	<b>OR</b>		2	mm/dd/yy
				<b>MUMPS</b> 2 doses at least 28 days apart AND after 12 months of age	1	mm/dd/yy
					2	mm/dd/yy
				<b>RUBELLA</b> 2 doses at least 28 days apart AND after 12 months of age	1	mm/dd/yy
					2	mm/dd/yy

■ **TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DTaP, Tdap, Td)** – no age exemption. **At least 3 doses of diphtheria, tetanus and pertussis containing vaccine are REQUIRED. Tetanus Toxioid (TT) does not meet this requirement.**  
 One **MUST** be a Tdap vaccine and have been administered within 10 years of the student's enrollment date.

1 <input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> Td mm/dd/yy	2 <input type="checkbox"/> DTP / DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> Td mm/dd/yy	3 <b>within 10 years of enrollment</b> <input type="checkbox"/> Tdap mm/dd/yy
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■ **MENINGOCOCCAL CONJUGATE VACCINE** - Students between the ages of 16-21 must have one dose of Menactra, Menveo, Nimenrix, or Aramen on or after their 16th birthday. Students age 22 or over are not required to get the vaccine. **Meningococcal-B vaccine does not meet this requirement.**

■ **COVID-19 Vaccination- Two (2) doses (from the same manufacturer) AND a booster dose**  
**(Dose 1 and 2 must be from the same manufacturer)**

Dose 1: mm/dd/yy; Manufacturer: Insert name
Dose 2: mm/dd/yy; Manufacturer: Insert name

<input type="checkbox"/> HEPATITIS A	1	mm/dd/yy	2	mm/dd/yy	
<input type="checkbox"/> HEPATITIS B	1	mm/dd/yy	2	mm/dd/yy	3 mm/dd/yy
<input type="checkbox"/> HPV (Gardasil) <input type="checkbox"/> HPV (Gardasil 9) <input type="checkbox"/> HPV (Cervarix)	1	mm/dd/yy	2	mm/dd/yy	3 mm/dd/yy
<input type="checkbox"/> VARICELLA	1	mm/dd/yy	2	mm/dd/yy	<input type="checkbox"/> Had Varicella (Chickenpox)

**Required Healthcare Provider Verification**

Provider Name (print or stamp)	Signature/Title	Date
Address		Phone

**International Students Only**

Tuberculosis skin testing is mandatory and must be done in the United States. 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 small fee.

**Fax, email (PDF only), or mail your completed immunization form to one of the locations below:**  
 Lakeshore Wellness Center | 6439 N. Sheridan, Suite 310 | Chicago, IL 60626 | FAX: (773) 508-2505  
 Water Tower Wellness Center | 26 E. Pearson, Suite 250 | Chicago, IL 60611 | FAX: (773) 508-2505  
 Wellness Center email: wellnesscenter@luc.edu