Northwestern University Health Service
Health Information Management Services Department

STUDENT IMMUNIZATION FORM

for all Undergraduate students and Graduate students in non-healthcare academic programs

Students accepted after the term deadline listed below have 30 days from date of acceptance to complete this form.			
July 1	December 1	March 15	May 1

PART II: REQUIRED IMMUNIZATIONS

Students registered for two or more classes are required by Northwestern and Illinois law to submit proof of immunization. and include their printed name, signature and date at the bottom, to be considered valid under Illinois State Law. Vaccination dates should be listed in month/day/year format.

All records must be submitted in English.

_____ _____ _____

(vaccination (doses required). •	(on or after 1st birthday after 1/1/68): ____/____/_____ (mm/dd/yyyy)
	(at least 28 days after dose #1): ____/____/_____ (mm/dd/yyyy)

required. Both must be done on or after 1st birthday, after 1/1/68, and at least 28 days apart.

_____/_____/_____

_____/_____/_____

- (titer) confirming immunity (antibodies).

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_____/_____/_____

_____/_____/_____

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_____/_____/_____

_____/_____/_____

- (titer) confirming immunity (antibodies).

PART III: TUBERCULOSIS SELF-SCREENING (completed by student)

Begin with the 1st question and circle the appropriate response. If you answer "NO", proceed to the next question until all questions are answered. If you answer "YES" to any question, proceed to Instruction Set A or B as directed. Once you answer "YES" to a question, do not answer the remaining questions.

Do you currently have any of the following unexplained or undiagnosed symptoms: Fever, weight loss, swollen lymph nodes, night sweats, cough for greater than 1 month?

PART IV: HEALTH HISTORY

PLEASE CHECK YES OR NO (Y/N), PROVIDING SPECIFIC DETAILS TO ALL" YES" ITEMS TO THE BEST OF YOUR KNOWLEDGE.

		Allergies (any)	
		Will you be receiving allergy shots at the Evanston Health Service?	If you answer "Yes", please refer to the following link to print additional required forms: http://www.northwestern.edu/healthservice-evanston/medical-services/allergy-shots/index.html
		Adverse Medication Reaction	
		Current medications (prescription or other) If so, list frequency and length of time taken.	

Alcohol or drug problems				Epilepsy/Seizure Disorder			
Appendectomy				Fractures/Broken Bones			
Asthma				Heart condition, disease, or murmur			
Attention Deficit/Hyperactivity Disorder				HIV test Positive or AIDS			
Cancer, leukemia, or lymphoma				High Blood Pressure			
Chicken Pox/Varicella				Migraine Headaches			
Cholesterol or lipid problems				Mononucleosis/Epstein-Barr Virus			
Concussion/Mild Traumatic Brain Injury				Sexually Transmitted Diseases			
Depression or Anxiety (specify)				Splenectomy			
Diabetes Mellitus				Tonsillectomy			
Eating Disorder/Anorexia/Bulimia				Transfusion of blood/blood product			
Emotional/Psychological problems				Viral Hepatitis (specify, e.g. A, B, C)			

PART V: STUDENT SIGNATURE (REQUIRED)

By signing you are certifying that all information supplied is correct to the best of your knowledge.

Signature _____ Date _____