



Meadville Lombard
Theological School

Student Immunization Requirements

The State of Illinois code **requires students** to provide proof of immunity to Measles (Rubeola), Mumps, Rubella (German Measles), and Tetanus/Diphtheria. *Reference:* (110 ILCS 20/) College Student Immunization Act

The immunization form must be returned to Enrollment & Student Services by:

Fall 2008 admission - September 5, 2008

J-Term 2009 admission - January 10, 2009

Spring 2009 admission - February 6, 2009

Failure to return your immunization form will result in your being placed on restriction, which will deny you access to Meadville Lombard facilities and future class enrollments. To help in meeting this requirement, entering students may get their immunizations at the University of Chicago Student Care Center for a fee. Immunization appointment & fee details are at <http://scc.uchicago.edu>.

Forms will be accepted via mail or hand-delivered to:

Meadville Lombard Theological School | 5701 S. Woodlawn Avenue | Chicago, IL 60637

Instructions: please read carefully:

- **HEALTH CARE PROVIDER:** A licensed healthcare provider must complete the immunization form. A health care provider is: a physician licensed to practice (M.D. or D.O.), a Licensed Nurse, or a Public Health Official.
- **ENGLISH:** All immunization forms and copies of laboratory reports must be submitted in English. Translations of non-English documents must be certified. It is acceptable to have an English translation of the documents certified as accurate by a member of the University community who is fluent in the document's original language.
- **MEASLES, MUMPS, RUBELLA:** Vaccines for Measles, Mumps, and Rubella, must be given on or after 12 months of age (on or after the student's first birthday). **Two (2) Measles (Rubeola) vaccines, separated by at least 28 days, are required.** For measles vaccines given before 1968, proof must be submitted that a live-virus vaccine was administered. History of disease is not acceptable as proof of immunity for Rubella.
- **TETANUS:** All students must show proof of vaccination for Tetanus and Diphtheria within the past ten years. For students who currently require vaccination, the Tdap (tetanus, diphtheria and acellular pertussis) vaccine to replace a single dose of Td is strongly recommended, but not required.
- **INTERNATIONAL STUDENTS: Must provide three (3) dose dates for Tetanus/diphtheria immunizations.** The 1st and 2nd doses must be separated by a minimum of 28 days. The 2nd and 3rd doses must be separated by a minimum of 6 months. For students who currently require vaccination, the Tdap (tetanus, diphtheria and acellular pertussis) vaccine to replace a single dose of Td is strongly recommended, but not required.
- **EXEMPTIONS:** Anyone with a vaccine exemption may be excluded from the University/College in the event of a Measles, Mumps, Rubella or Diphtheria outbreak in accordance with public health law.
 - **MEDICAL CONTRAINDICATIONS:** a written, signed, and dated statement from a physician stating the vaccine that is contraindicated, the nature, and duration of the medical condition that contraindicates the vaccine(s). This statement will not be accepted if it does not meet the standards of care at The University of Chicago Hospitals. Submit this statement to the SCC Immunization Program.
 - **PREGNANCY OR SUSPECTED PREGNANCY:** a signed statement from a physician stating the student is pregnant or pregnancy is suspected. Pregnancy exemptions are applicable only to Measles, Mumps, and Rubella requirements. Submit this statement to the SCC Immunization Program.
 - **AGE EXEMPTION:** persons born before January 1, 1957 are considered immune to Measles, Mumps, and Rubella. Requirements may be met by the submission of a copy of the student's birth certificate, driver's license, or passport identifying the birth date. Submit this statement to the SCC Immunization Program.
 - **RELIGIOUS EXEMPTION:** a written, signed, and dated statement by the student detailing the student's objection to immunization on religious grounds. Request for religious exemptions will be forwarded for review and only be granted by the Registrar. **Submit this statement to the University Registrar** (<http://registrar.uchicago.edu/>)

Part III:

This section is to be completed for US Citizens/permanent residents only.

Tetanus/ Diphtheria Vaccine Date of Vaccine ___/___/____
 (Given within the last 10 years) Td *or* Tdap

This section is to be completed by international students ONLY.

You must provide three (3) documented doses of Td, the last dose given within the last 10 years.

Date of 1st Vaccine ___/___/____ Td *or* Tdap

Date of 2nd Vaccine ___/___/____ Td *or* Tdap

Date of 3rd Vaccine ___/___/____ Td *or* Tdap

Part IV:

Recommended Vaccines: *Vaccines encouraged, but not required for admission.*

Meningitis Vaccine Date of Vaccine ___/___/____

Hepatitis B Vaccine Date of Vaccine(s)

#1 ___/___/____

#2 ___/___/____

#3 ___/___/____

Varivax/Varicella (Chickenpox) Date of Vaccine # 1 ___/___/____

Date of Vaccine # 2 ___/___/____

Healthcare Provider Certification

Provider(s) Signature_____

Provider(s) Printed
 Name_____

Address_____

Phone Number_____