

CERTIFICATE OF IMMUNITY

_____ Male Female
Last Name (Family Name) First Middle Initial

_____ _____
Social Security Number Date of Birth

Those born before January 1, 1957 only need to comply with the Tetanus/Diphtheria section of this form, and submit it to ILIA Admissions Office. All others are required by Illinois law to complete the entire form.

I authorize _____ to release my medical records of immunization to The Illinois Institute of Art in order to comply with the Illinois Department of Public Health requirements.

_____ _____
Student's Signature Date

ALL DATES INCLUDE THE MONTH, DAY, AND YEAR.

Measles (Rubeola) Yes
() Date of Illness _____

Signature of Physician

Immunization with live virus vaccine? () Date of Tests _____
(1968 or later)

Dose 1 _____

Dose 2 _____

Immunity confirmed by blood titer? ()

Exemption? () Attach physician's statement of contraindication.

Attach copy of laboratory report.

Signature of Physician

Rubella (German Measles)

Immunity confirmed by Blood titer? () Date of Test _____

Immunization with live virus vaccine () Date _____

Exemption? () Attach physician's statement of contraindication.

Attach copy of laboratory report.

Signature of Physician

(OVER)

Mumps

Disease confirmed by physician's records

Immunization with live virus vaccine

Exemption?

Signature of Physician

YES

() Date of Test_____

() Date_____

() Attach physician's statement of contraindication.

Attach copy of laboratory report.

Tetanus/Diphtheria

Primary series completed at least two dates -
month-day-year

Most recent booster?
(Must be within the last 10 years)

Exemption?

() Dates_____

() Date_____

() Attach physician's statement of contraindication.

Health Care Provider

Print Health Care Providers Name

Health Care Providers Signature

Telephone number

Date