

BEU HEALTH CENTER
 WIU, 1 University Circle
 Macomb, IL 61455
 Phone: 309/298-1888; Fax: 309/298-2188
IMMUNIZATION RECORD

Name _____ S.S. # _____ DOB _____
Last First MI
 Student ID # _____ M Fe

Type of vaccine	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Diphtheria, Pertussis, and Tetanus (DPT) <small>(Series of three for international students only)</small>					
Tetanus and Diphtheria (Td) <small>(One required within the last 10 years)</small>					
Combined Measles, Mumps, Rubella (MMR) <small>(Two required on or after first birthday)</small>					
Rubeola (Red Measles) Live Virus Vaccine <small>(If individual shots are given, then two required on or after first birthday)</small>					
Rubella (German or Three-Day Measles) <small>(If individual shots are given, then one required on or after first birthday)</small>					
Mumps <small>(If individual shots are given, then one required on or after first birthday)</small>					
Hepatitis A Series (Not required)					
Hepatitis B Series <small>(Recommended—not required)</small>					
Influenza					
Meningitis (Not required)					
Varicella (Varivax) MSD (Chickenpox) <small>(Not required)</small>					

REQUIRED FOR INTERNATIONAL STUDENTS AND DESIGNATED PROGRAMS ONLY. TO BE ADMINISTERED ON CAMPUS OR IN THE UNITED STATES:

TUBERCULOSIS (Mantoux method)	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Skin test given (0.1 ml/5 TU PPD)					
Skin test read					
Result in mm					
Chest x-ray taken					
Chest x-ray result					

Above information needs to be submitted no later than the 10th day of the student's first semester at WIU. Appropriate medical personnel should fill in necessary dates and **verify by signature or stamp below** (or other signed documentation of immunizations can be attached).

_____ Date _____

For office use only: Date received _____ Initials _____